

## **7. Discussion and Action: Mercedes Small Business Recovery Grant- Dora Garcia, \$5000**



mercedes  
big boots. big opportunities.

# Memo

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

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## 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: Dora Garcia  
Name of Business: San Juanita Rodriguez d/b/a Josais Caudillo County  
Business Type: Cat Cafe  
Address of Business: 34.5 Tr Ave Mercedes Tx - 339 Wood St Mercedes Tx  
Email Address: josaiscaudillocounty@yahoo.com Phone Number: 956-442-5030

### BUSINESS OWNERSHIP

Tax ID #: 26-3257476  
Entity Name: Josais Caudillo County  
Name of business owner (if different from above): San Juanita Rodriguez  
Number of years in business: 12 yrs

### BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

### PERSONNEL

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

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

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

Yes        No X

Is your business operated as a sole proprietorship?

Yes ☒ No ☐

## USE OF FUNDS

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

- ☒ Rent/mortgage payment. List specific amount. \$ 4,300
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_
- ☐ Employee support (salaries, insurance, paid leave) \$ \_\_\_\_\_
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 709.00
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
- ☐ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_

Total Amount \$ 5009

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

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

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

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

## FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: Home Star National Bank

Name of your Bank Officer: Francisca Davila

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

If no, why not?

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

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

☒ Paycheck Protection Program (PPP)

Requested amount: 3,900

☒ Economic Injury Disaster Loan (EIDL)

Requested amount: Denied

\*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.**

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

SL 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.)

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

SL 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.

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

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

SL 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: San Jacinto Logistics LLC (LLC) Jose C. Caputo Contreras

Written: \_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Title

Signed as Individual: Jose C. Caputo Contreras

Date: 8/10/2020

## **DOCUMENTS TO BE ATTACHED**

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

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

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

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

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

**Email:** [smallbuscres2020@cityofmercedes.com](mailto:smallbuscres2020@cityofmercedes.com) OR

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

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: [smallbuscres2020@cityofmercedes.com](mailto:smallbuscres2020@cityofmercedes.com).

# TEXAS SALES AND USE TAX PERMIT

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

**Retainers:** A seller may NOT accept a copy of this permit in lieu of a properly completed exemption or resale certificate. A permit is necessary to document why tax is not collected on a sale.  
TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

**SAN JUANITA RODRIGUEZ**

**JOSE'S CAFECITO COURTYARD  
334 S TEXAS AVE  
MERCEDES  
HIDALGO COUNTY**

**TX 78570-3126**

**NAICS: 722320 Caterers**

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

**CITY: MERCEDES**

**EFF: 07/01/2019**

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

Type of permit  
**SALES AND USE TAX**

Taxpayer number  
**3-20262-4409-8**

Location number  
**00005**

First business date of location  
**07/01/2019**

*Glenn Hegar*  
**Glenn Hegar  
Comptroller of Public Accounts**

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

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

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


## Is the Information Printed on this Permit Correct?

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

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

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

## Texas Sales and Use Tax Permit Corrections Form

Taxpayer name shown on the permit <b>SAN JUANITA RODRIGUEZ</b>		If you need to make changes to your local sales tax authorities or to the NAICS code printed on your permit, see information on the back of this form.	
Taxpayer number shown on the permit <b>32026244098</b>	Location number shown on the permit <b>00005</b>		
Correct business location name .			
Correct business location (no P.O. Box or directions accepted) .			
City .	State .	ZIP code .	County .
Correct taxpayer name .		Daytime phone (Area code and number) .	
Correct mailing address .			
City .	State .	ZIP code .	Federal Employer Identification Number .
If you are no longer in business, enter the date of your last business transaction. _____			
sign here Taxpayer or authorized agent		Date	



# Texas

BSA  
TX

## DRIVER LICENSE

Commissioner of Transportation

4d DL 22278600

9 Class C

4a Iss 04/19/2017

4b Exp 03/20/2023

3 DOB 03/20/1967

1 RODRIGUEZ

2 SAN JUANITA

8 843 S NEBRASKA

WESLACO TX 78596-0000

12 Restrictions NONE

9a End NONE

16 Hgt 5'-04"

15 Sex F

18 Eyes BRO

19 Hair BRO



5 DD 00312710142109248218



*San Juanita*



**Request for Taxpayer  
Identification Number and Certification**

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

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

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

2 Business name/disregarded entity name, if different from above  
José's Cafe and Bar

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.  
334 S. Texas Blvd

6 City, state, and ZIP code  
Mercedes Tx 78570

7 List account number(s) here (optional)  
Home Star Bank Acct # 2825001341

Print or type.  
See Specific Instructions on page 3.

**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  
455-69-2475

or  
Employer identification number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ► [Signature] Date ► 8-27-20

**General Instructions**

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

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

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)

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

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

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

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Gilbert Gomez</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>100 N. Texas, Ste. A</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Mercedes, Texas 78570</b>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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

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

Social security number										
4	5	0	-	3	3	-	6	1	1	0
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 ▶

9-2-20

## General Instructions

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- 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.

**FIRST NATIONAL BALLROOM**  
**334 South Texas Ave.**  
**Mercedes, Texas 78570**

Received from San Juanita Rodriguez (Jose's Cafecito's), Three Thousand Five Hundred and  
No/100ths (\$3,500.00) for August rent for 334 South Texas, Ave., Mercedes, Texas.  
(cash)

  
GILBERT GOMEZ

3/4/2020  
DATE

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>MARtha Carrillo</b>	
2 Business name/disregarded entity name, if different from above <b>Martha's Beauty Salon</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. <b>345 W 3rd ST</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Mercedes TX 78570</b>	
7 List account number(s) here (optional) <b>Bis 0150001121 = 0100012046 Personal</b>	

### Part I Taxpayer Identification Number (TIN)

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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	
462-33-6723	
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 ►

**Martha Carrillo**

Date ►

**8-27-20**

## General Instructions

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- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
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- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
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- 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.

# RECEIPT

DATE 3-5-20 No. 063644

RECEIVED FROM

San Juanita Rodriguez

\$ 800.00

Eight hundred 00/100

DOLLARS

FOR RENT

339 W 3rd ST Mercedes 78570

FOR

ACCOUNT		
PAYMENT	800	00
BAL. DUE	0	

☒ CASH  
☐ CHECK  
☐ MONEY ORDER  
☐ CREDIT CARD

FROM

3-1-20

TO

4-1-20

BY

Marta Cavill



**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 (IRS)

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

Attachment  
Sequence No **09**

Name of proprietor

**SAN JUANITA RODRIGUEZ**

Social security number (SSN)

**455-69-2475**

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

B Enter code from instructions

**722300**

**CATERING SERVICES**

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

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

**26-3257476**

**JOSIE CAFE/CITO COURTYARD**

E Business address (including suite or room no.)

**260 S TEXAS BLVD STE 109**

City, town or post office, state, and ZIP code

**Weslaco, TX 78596-6191**

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

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

H If you started or acquired this business during 2019, check here ☐ Yes ☐ No

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

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

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	125,798
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	125,798
4	Cost of goods sold (from line 42)	4	24,689
5	Gross profit. Subtract line 4 from line 3	5	101,109
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	101,109

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11	31,000	a	Vehicles, machinery, and equipment	20b	19,000
12	Depletion	12		b	Other business property	21	879
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15	3,600	23	Taxes and licenses	24	
16	Interest (see instructions):	16a		24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.)	16b		a	Travel	24b	
b	Other	17		b	Deductible meals (see instructions)	25	23,184
17	Legal and professional services	17		25	Utilities	26	
26	Total expenses before expenses for business use of home. Add lines 8 through 27a	26		26	Wages (less employment credits)	27a	4,678
27a	Other expenses (from line 48)	27a		27b	Reserved for future use	27b	
28	Tentative profit or (loss). Subtract line 28 from line 7	28	82,341	28		29	18,768
29	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	29		30		31	18,768
30	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.	31					

• 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 990. Your loss may be limited.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

☐ CORRECTED (If checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  Jose's Cafecito Courtyard 334 S Texas Blvd Mercedes TX 78570 956-447-5030			1 Gross distribution \$ 4,765.00		OMB No. 1545-0119  <b>2019</b>  Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$					
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy C</b> <b>For Recipient's</b> <b>Records</b>	
PAYER'S TIN  26-3257476		RECIPIENT'S TIN  627-82-8276		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name  Gabriela R Jasso  Street address (including apt. no.)  1112 Valle Verde Dr  City or town, state or province, country, and ZIP or foreign postal code Mercedes, Tx 78570			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.	
			7 Distribution code(s)  IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %			
			9a Your percentage of total distribution %		9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$		13 State/Payer's state no.		14 State distribution \$
Account number (see instructions)		Date of payment		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$

Form **1099-R** (keep for your records)

[www.irs.gov/Form1099R](http://www.irs.gov/Form1099R)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (If checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  Jose's Cafeito Courtyard 334 S Texas Blvd Mercedes TX 78570 956-447-5030			1 Gross distribution \$ 4,500.00		OMB No. 1545-0119  <b>2019</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$		Form 1099-R				
PAYER'S TIN  26-3257476			RECIPIENT'S TIN  461-51-1246			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	Copy C For Recipient's Records
3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$						
RECIPIENT'S name  Josefa M Mendoza  Street address (including apt. no.)  6550 N. Mlle 4.5 W  City or town, state or province, country, and ZIP or foreign postal code Weslaco, Tx 78599			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.		
			7 Distribution code(s)  IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %				
10 Amount allocable to IRR within 5 years \$			11 1st year of desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>		9a Your percentage of total distribution %		9b Total employee contributions \$ %
12 State tax withheld \$			13 State/Payer's state no.			14 State distribution \$			
15 Local tax withheld \$			16 Name of locality			17 Local distribution \$			

Form 1099-R (keep for your records)

[www.irs.gov/Form1099R](http://www.irs.gov/Form1099R)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

<b>PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.</b> <b>Jose's Cafecito Courtyard</b> <b>334 S. Texas Ave</b> <b>9564475030</b> <b>Mercedes TX 78570 United States</b>		<b>1 Rents</b> <b>\$ 0</b>	<b>OMB No. 1545-0115</b> <b>2019</b> <b>Form 1099-MISC</b>	<b>Miscellaneous Income</b>
		<b>2 Royalties</b> <b>\$ 0</b>	<b>3 Other income</b> <b>\$ 0</b>	
<b>PAYER'S TIN</b> <b>EIN: 26-3257476</b>		<b>RECIPIENT'S TIN</b> <b>SSN: 457638115</b>		<b>4 Federal income tax withheld</b> <b>\$ 0</b>
<b>RECIPIENT'S name</b> <b>Benigno Antonio Jasso</b> <b>Street address (including apt. no.)</b> <b>1006 Lilia Dr</b> <b>Apt 172</b> <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>Weslaco TX 78596 United States</b>		<b>5 Fishing boat proceeds</b> <b>\$ 0</b>	<b>6 Medical and health care payments</b> <b>\$ 0</b>	<b>Copy For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that you have not been reported.
		<b>7 Nonemployee compensation</b> <b>\$ 11,000.00</b>	<b>8 Substitute payments in lieu of dividends or interest</b> <b>\$ 0</b>	
		<b>9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale</b> <input type="checkbox"/>	<b>10 Crop insurance proceeds</b> <b>\$ 0</b>	
		<b>11</b>	<b>12</b>	
<b>Account number (see instructions)</b>		<b>FATCA filing requirement</b> <input type="checkbox"/>	<b>13 Excess golden parachute payments</b> <b>\$ 0</b>	<b>14 Gross proceeds paid to an attorney</b> <b>\$ 0</b>
<b>15a Section 409A deferrals</b> <b>\$ 0</b>	<b>15b Section 409A income</b> <b>\$ 0</b>	<b>16 State tax withheld</b> <b>\$ 0</b>	<b>17 State/Payer's state no.</b>	<b>18 State income</b> <b>\$ 0</b>

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

## Payment Arrangement

From: tgs.noreply@texasgasservice.com

To: JANIERDZ1967@YAHOO.COM

Date: Wednesday, July 29, 2020, 10:50 AM CDT



Thank you for contacting Texas Gas Service.

Your request to setup a payment agreement for your account and address below has been received:

Account Number: 912934861 1600674 09

Address 1: 339 W 3RD ST

City: MERCEDES

State: TX

Zip: 78570 3105

Total account balance: \$385.69 + fee \$387.18

Down payment amount: \$150.00

Pay agreement installment amount: \$39.28

### Terms of Pay Agreement:

1. A down payment is required to begin your agreement.
2. A pay agreement installment will be added to each bill for the next 6 month(s).
3. Each month's bill (current charges plus installment) is due on or before the due date, or your pay agreement will default and your service may be subject to disconnection.
4. By creating the payment arrangement, you are accepting the terms of this agreement.

For payment options, view <https://www.texasgasservice.com>

I want to personally thank you for your business and this opportunity to assist you. If you have any questions or require additional assistance, please contact any member of our team and we will be happy to help.

Texas Gas Service Customer Service

Please do not respond to this message. Replies to this message are routed to an unmonitored mailbox





July 26, 2020  
Invoice Number 0260088072620  
Account Number 8260 18 011 0260088  
Security Code 2545  
Service At 334 S TEXAS AVE OFC  
MERCEDES TX 78570-3126

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

### Summary Service from 07/26/20 through 08/25/20 details on following pages

Previous Balance	216.81
Payments Received	0.00
Past Due Balance - Due Now	5216.81
Spectrum Business™ TV	32.98
Spectrum Business™ Internet	86.98
Spectrum Business™ Voice	54.99
Other Charges	33.50
One-Time Charges	3.25
Taxes, Fees and Charges	8.01
Current Charges Due By 08/12/20	\$219.71
Total Due	\$436.52

paid \$216.81  
\$105.01

### SPECTRUM BUSINESS NEWS

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

At Spectrum, we are committed to delivering superior products and services to improve your business' productivity and keep you connected today, and in the future. We continue to enhance our services by offering faster Internet, more entertainment choices, and the best value.

#### Important Billing Update

Effective with your next billing statement, monthly pricing will change as follows:

- Broadcast TV Surcharge will increase by \$2.95. This reflects costs incurred from local Broadcast TV stations.

Channel Lineup and Rate Card: To obtain the current channel lineup available in your area, please go to [business.spectrum.com/channel-lineup](http://business.spectrum.com/channel-lineup) or contact us at 1-800-314-7195 to request a paper copy be mailed to you.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652  
5203 1203 HD RP 26 07262020 11# 00000001 01 000372 0004

JOSE'S CAFECITO COURTYARD  
334 S TEXAS AVE OFC  
MERCEDES TX 78570-3126

July 26, 2020

JOSE'S CAFECITO COURTYARD

Invoice Number 0260088072620  
Account Number 8260 18 011 0260088  
Service At 334 S TEXAS AVE OFC  
MERCEDES TX 78570-3126

Total Due	\$436.52
Amount you are enclosing	\$

Please Remit Payment To:

TIME WARNER CABLE  
PO BOX 60074  
CITY OF INDUSTRY CA 91716-0074



826018011026008800436527

July 26, 2020

Invoice Number 0260088072620  
 Account Number 8260 18 011 0260088  
 Security Code 2545

JOSE'S CAFECITO COURTYARD

**Spectrum**  
**BUSINESS**

Contact Us  
 Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
 Or, call us at 1-866-519-1263

8260 18 011 0260088 07262020 18 011 0260088 07262020

### Charge Details

Previous Balance 216.81  
 Past Due Balance - Due No: 5215.81

Payments received after 07/26/20 will appear on your next bill.

Service from 07/26/20 through 08/25/20

### Spectrum Business™ TV

Spectrum Business TV 39.99  
 Bundle Discount -15.00  
 Spectrum Receiver 7.99  
**\$32.98**

Spectrum Business™ TV Total \$32.98

### Spectrum Business™ Internet

B Internet 119.99  
 Promotional Discount -40.00  
 Spectrum WiFi 0.00  
 Web Hosting 0.00  
 Cloud Backup 0.00  
 Desktop Security 0.00  
 Spectrum Domain Name 0.00  
 Spectrum Vanity Email 0.00  
 Business WiFi 6.99  
**\$86.98**

Spectrum Business™ Internet Total \$86.98

### Spectrum Business™ Voice

Phone number (956) 294-1711  
 Spectrum Business Voice 39.99  
 Voice Mail 0.00  
**\$39.99**

Phone number (956) 447-5030

### Spectrum Business™ Voice Continued

Remote Number Forwarding 15.00  
**\$15.00**

For additional call details,  
 please visit [SpectrumBusiness.net](http://SpectrumBusiness.net)

Spectrum Business™ Voice Total \$54.99

### Other Charges

Broadcast TV Surcharge 13.50  
 \$240 Deferred Payment 2 Of 12 20.00  
 Plan 0.00  
**Other Charges Total \$33.50**

### One-Time Charges

Late Fee 07.26 3.25  
**One-Time Charges Total \$3.25**

### Taxes, Fees and Charges

Franchise Fee 3.15  
 State and Local Sales Tax 3.90  
 PEG Capital Fee 0.66  
 State Cost Recovery Fee 0.26  
 State Cost Recovery Fee 0.04  
**Taxes, Fees and Charges Total \$8.01**

Current Charges Due By 08/12/20 \$219.71  
**Total Due \$436.52**

Messages continued from page 1

Continued on next page

Visit [Spectrum.com/stores](http://Spectrum.com/stores) for store locations. For questions or concerns, visit [Spectrum.net/support](http://Spectrum.net/support)

### Your WAY can be the GREEN way!

#### GO GREEN with Spectrum Business.

Online Bill Pay is helping the environment one customer at a time.  
 It's easy - all you need to do is sign up for Online Bill Pay.  
 It will save you money on postage and time - and it will also save trees!

Enrolling is easy - just go to [SpectrumBusiness.net/payment](http://SpectrumBusiness.net/payment).  
 Each month, you'll receive a paperless e-bill that you pay online with your  
 choice of payment options:

- Debit Card - Credit Card - Electronic Funds Transfer
- Receive a quick summary of your account at any time
- Access up to 6 months of statements

**Spectrum**  
**BUSINESS**

### Payment Options

**Pay Online** - Sign in to [Spectrum.net](http://Spectrum.net) to pay or view your bill.

**Pay by Mail** - Detach payment coupon and enclose with your check  
 made payable to Spectrum.

**Pay Online** - Visit us at [SpectrumBusiness.net/payment](http://SpectrumBusiness.net/payment) to get  
 started today! Your account number and security code are needed to  
 register.

**Pay by Phone** - Make a payment free of charge using our automated  
 payment option at 1-866-519-1263 and authorize payment directly  
 from your bank account or credit card.



## History

2825001341 - SANJUANITA RODRIGUEZ DBA  
- Small Business Chkg

8/19/2020

Icon	Posted	Check #	Transaction Description	EFT Description	Amount	Balance
☐	08/19/2020		229 - POS SIG Debit - DOA	D/C SETTLEMENT PAYMENTUS LOC. 800-700-2443 OK	(\$317.18)	\$807.47
☐	08/18/2020		982 - POS Pre-Authorized Debit - D.	Pre auth SPECTRUM LOC. 855-707-7328 TX	(\$216.81)	\$807.47
☐	08/18/2020		228 - POS Debit - DOA	POS DEB 1535 08/18/20 82166400 FAMILY DOLLAR MERCEDES TX Card# 1511	(\$48.97)	\$807.47
T	08/18/2020		53 - Over The Counter Deposit		\$820.00	\$856.44
☐	08/14/2020		229 - POS SIG Debit - DOA	DBT CRD 1022 08/14/20 59831137 MCDONALD S F17859 WESLACO TX Card# 1511	(\$1.72)	\$36.44
☐	08/13/2020		228 - POS Debit - DOA	POS DEB 1522 08/13/20 34973800 H-E-B GAS #370 MERCEDES TX Card# 1511	(\$18.88)	\$38.16
☐	08/10/2020		230 - Electronic Debit Card Trans.	DDA B/P 1420 08/09/20 14017075 TX/BILL PAYMENT 800-242-9113 TX Card# 1511	(\$109.16)	\$57.04
☐	08/10/2020		230 - Electronic Debit Card Trans.	DDA B/P 1020 08/10/20 19198431 SPECTRUM 855-707-7328 TX Card# 1511	(\$105.01)	\$166.20
☐	08/10/2020		226 - Recurring POS Item-DOA	DDA B/P 0732 08/10/20 08264628 NETFLIX COM LOS GATOS CA Card# 1511	(\$9.73)	\$271.21
☐	08/10/2020		229 - POS SIG Debit - DOA	DBT CRD 1420 08/09/20 32532745 SQ *EXTREME NUTRITION Westaco TX Card# 1511	(\$73.99)	\$280.94
☐	08/10/2020		229 - POS SIG Debit - DOA	DBT CRD 1420 08/09/20 33569509 SQ *CHILLY MOO CAFE L Westaco TX Card# 1511	(\$12.99)	\$354.93
T	08/07/2020	20136315	218 - ATM Cash Deposit		\$200.00	\$367.92
☐	08/06/2020		299 - ATM Service Charge	INQ SVC 0807 08/06/20 00728904 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$1.00)	\$167.92
	07/31/2020		361 - Balance Fee In Service Charge		(\$10.00)	\$168.92
	07/31/2020		360 - Service Charge		(\$10.00)	\$168.92
	07/31/2020		333 - Account Service Fee	Paper Statement Fee	(\$3.00)	\$178.92
☐	07/28/2020		229 - POS SIG Debit - DOA	DBT CRD 1014 07/28/20 76651981 CPA TEXAS TAX GOV.COM TX Card# 1511	(\$511.50)	\$181.92
T	07/27/2020		53 - Over The Counter Deposit		\$500.00	\$693.42
☐	07/25/2020		299 - ATM Service Charge	INQ SVC 1401 07/20/20 00886082 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$1.00)	\$193.42
☐	07/13/2020		226 - Recurring POS Item-DOA	DDA B/P 1113 07/12/20 28844425 Netflix.com netflix.com CA Card# 1511	(\$9.73)	\$194.42
☐	07/13/2020		299 - ATM Service Charge	INQ SVC 1401 07/13/20 00148187 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$1.00)	\$204.15
☐	07/10/2020		229 - POS SIG Debit - DOA	DBT CRD 1017 07/10/20 27931789 STATE FARM INSURANCE 800-956-6310 IL Card# 1...	(\$437.85)	\$205.15
☐	07/09/2020		229 - POS SIG Debit - DOA	DBT CRD 1015 07/09/20 51660368 MAX FINE FURNITURE & A 956-9680758 TX Card#	(\$100.00)	\$643.00
☐	07/08/2020		299 - ATM Service Charge	INQ SVC 1527 07/08/20 00877137 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$1.00)	\$743.00
T	07/03/2020	20132754	219 - ATM Check Deposit		\$300.00	\$744.00
☐	07/02/2020		229 - POS SIG Debit - DOA	DBT CRD 1035 07/02/20 18498816 MOVE IT STORAGE-MERCEDES 214-382-3939 TX Card#	(\$332.00)	\$444.00
☐	07/02/2020		228 - POS Debit - DOA	POS DEB 1652 07/02/20 23671200 H-E-B #370 MERCEDES TX Card# 1511	(\$164.7)	\$776.00
☐	07/01/2020		182 - ACH Debit	7136688900 BETTER BUSINESS WEB	(\$200.00)	\$792.47
☐	07/01/2020		228 - POS Debit - DOA	POS DEB 1837 07/01/20 00030708 DOLLAR-GENERAL MERCEDES TX Card# 1511	(\$14.69)	\$992.47
	06/30/2020		168 - Overdraft line Charge		(\$0.01)	\$1,007.16
	06/30/2020		361 - Balance Fee In Service Charge		(\$10.00)	\$1,007.17
	06/30/2020		360 - Service Charge		(\$10.00)	\$1,007.17
	06/30/2020		333 - Account Service Fee	Paper Statement Fee	(\$3.00)	\$1,017.17
	06/30/2020		294 - Debit/ATM Card Handling Fee		(\$1.00)	\$1,020.17
☐	06/29/2020		229 - POS SIG Debit - DOA	DBT CRD 1110 06/28/20 49276820 PAYPAL *FLBIZ 402-935-7733 CA Card# 1511	(\$39.90)	\$1,021.17
☐	06/29/2020		228 - POS Debit - DOA	POS DEB 1301 06/28/20 94835800 H-E-B #370 MERCEDES TX Card# 1511	(\$25.49)	\$1,061.07
☐	06/29/2020		228 - POS Debit - DOA	POS DEB 1014 06/29/20 45604895 H-E-B #370 MERCEDES TX Card# 1511	(\$4.30)	\$1,086.56
☐	06/29/2020		299 - ATM Service Charge	W/D SVC 1807 06/27/20 00387164 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$2.00)	\$1,090.86
☐	06/29/2020		299 - ATM Service Charge	INQ SVC 1249 06/29/20 00202075 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$1.00)	\$1,092.86
☐	06/29/2020		227 - ATM Withdrawal	ATM W/D 1807 06/27/20 00387164 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$404.00)	\$1,093.86
T	06/29/2020	20130967	219 - ATM Check Deposit		\$500.00	\$1,497.86
☐	06/26/2020		299 - ATM Service Charge	INQ SVC 1227 06/26/20 00672638 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$1.00)	\$997.86
	06/25/2020		21 - In Person Tbl Debit		(\$250.00)	\$998.86
T	06/24/2020		53 - Over The Counter Deposit		\$850.00	\$1,248.86
☐	06/23/2020		299 - ATM Service Charge	INQ SVC 1121 06/23/20 00541828 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$1.00)	\$298.86
☐	06/22/2020		228 - POS Debit - DOA	POS DEB 1105 06/21/20 29004800 H-E-B GAS #370 MERCEDES TX Card# 1511	(\$10.00)	\$299.86
☐	06/22/2020		299 - ATM Service Charge	W/D SVC 2331 06/20/20 00224087 301 S TEXAS AVE MERCEDES TX Card# 1511	(\$2.00)	\$309.86

Date 5/29/20 Page 1  
Primary Account XXXXXXXXXXXX0408  
Enclosures

SANJUANITA RODRIGUEZ  
JOSE'S CAFECITO COURTYARD  
334 S TEXAS AVE  
MERCEDES TX 78570-3126

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

#### CHECKING ACCOUNTS

Go Paperless and Save!

Stop your trips to the mailbox and receive your statements online.

E-Statements are safe, secure and eco-friendly. Sign Up today for eStatements  
at No Charge and Avoid the \$3.00 Monthly Paper Statement Fee.

Lone Star National Bank eStatements...Bringing the Bank to Your Fingertips.

LSNB Business Checking		Truncated Statement	
Account Number	XXXXXXXXXXXX0408	Statement Dates	5/14/20 thru 5/31/20
Previous Balance	.00	Days in the statement period	18
2 Deposits/Credits	3,900.00	Average Ledger	1,990.83
4 Checks/Debits	1,597.00	Average Collected	1,990.83
Service Charge	.00		
Interest Paid	.00		
Current Balance	2,303.00		

#### Deposits and Additions

Date	Description	Amount
5/20	LN#261463 SANJUANITA RODRIGUEZ	2,800.00
	FD2684 SBA PPP	
5/22	LN140053 PPP SBA LOAN	1,100.00
	\$2800.00 FUNDED / ORG 3900.00	

#### Debits and Other Withdrawals

Date	Description	Amount
5/22	Temp Check/ Deposit Slip Fee	1.00-
	Total of 1 Sheet	

Date 5/29/20 Page 2  
Primary Account XXXXXXXXXXXX0408  
Enclosures

LSNB Business Checking XXXXXXXXXXXX0408 (Continued)

Debits and Other Withdrawals

Date	Description	Amount
5/22	Temp Check/ Deposit Slip Fee	1.00-
	Total of 1 Sheet	

--- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
5/29	9001	275.00	5/26	9003*	1,320.00

\* Denotes missing check numbers

Daily Balance Information

Date	Balance	Date	Balance	Date	Balance
5/14	.00	5/22	3,898.00	5/29	2,303.00
5/20	2,800.00	5/26	2,578.00		

If you have overdrawn your account, be advised we have other less expensive methods to handle NSF item payments. Presenting transactions against NSFs is an expensive practice. To discuss other alternatives, call us at 1(800)580-0322 ext. 2440.





# Paycheck Protection Program Borrower Application Form

OMB Control No. 3243-0407  
Expiration Date: 09/30/2020

Check One:	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other	DBA or Tradename if Applicable			
Business Legal Name					
Business Address		Business TIN (EIN, SSN)	Business Phone		
334 S. Texas Ave		32-026244098	956-447-5030		
Mercedes, Tx 78570		Primary Contact	Email Address		
		San Juanita Rodriguez			
Average Monthly Payroll	\$	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request	\$	Number of Employees	
Purpose of the loan (select more than one)					
<input type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain)					

## Applicant Ownership

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

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

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

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

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

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

U.S. SMALL BUSINESS ADMINISTRATION

Disaster Assistance  
Processing and Disbursement Center  
14925 Kingsport Road  
Fort Worth, Texas 76155

U.S. DEPT. OF COMMERCE  
14925 Kingsport Road  
Fort Worth, Texas 76155

May 25, 2020

San Juanita Rodriguez  
Jose's Cafecito Courtyard  
334 S Texas Ave.  
Mercedes, TX 78570

RE: SBA Disaster Loan Application Number: 3303736530

Dear San Juanita Rodriguez,

In these unprecedented times, we understand the challenges you are facing. The SBA is making every effort to support small businesses, which are the backbone of the American economy. Unfortunately, although we have made every effort to approve your loan request, we are unable to offer you a Economic Injury Disaster Loan (EIDL) for the reason(s) described below.

**Unsatisfactory credit history.**

We evaluated your credit report and related information. Based on the information we obtained, we are regretfully unable to approve your application. We based this decision on information obtained from

Experian P.O. Box 2104 Allen, TX 75013, (866) 200-6020.

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

- a. Mail your request to the address at the top of this letter.
- b. Fax your request to: 202-481-5931.
- c. E-mail your request to: [pderecons@sba.gov](mailto:pderecons@sba.gov)

Your request must:

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

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

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

Sincerely,

Application Processing Department

# FIRE INSPECTION REPORT

FILE # \_\_\_\_\_

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

DATE: 09-24-2020

☒ INSPECTION ☐ REINSPECTION

FACILITY NAME: Jose's Cafesitos courtyard

PHYSICAL & MAILING ADDRESS: 334 S. Texas Ave

PHONE #: 956 463 0925

OWNER/MANAGER: San Juanita Rodriguez  
Janee Rodriguez

TYPE OF INSPECTION:

- ☐ ROUTINE  
☒ FACILITY  
☐ ROUGH-IN  
☐ FINAL
- ☐ ANNUAL  
☐ FIRE DRILL  
☐ COMPLAINT  
☐ PLAN REVIEW

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

TEST:  
☐ GAS LINE PRESSURE  
☐ HYDROSTATIC PRESSURE  
☐ SPR. S.P.  
☐ HOOD SYTEM/NFPA &  
MECHANICAL CODE

- |   |  |
|---|--|
| <p>1. Accumulation of rubbish, trash paper, etc.</p> <p>2. Combustible(s) stored under wooden stairs.</p> <p>3. Merchandise obstructing aisles.</p> <p>4. Poor housekeeping throughout the building.</p> <p>5. Insufficient number of exits.</p> <p>6. Exit doors blocked/locked during business hours.</p> <p>7. No Exit(s) and/or emergency lights.</p> <p>8. Exit and/or emergency lights not working properly.</p> <p>9. Vents unsafely arranged on water heater and/or dryers.</p> <p>10. Chemically treated dust mops and oily rags not stored in metal containers (with lids).</p> <p>11. Using gasoline as cleaning agent.</p> <p>12. Defective wiring on/at _____.</p> <p>13. Lighting devices improperly installed.</p> <p>14. Lighting devices too close to stock.</p> <p>15. Junction boxes, light switches, and electrical outlets without safety covers.</p> <p>16. Wiring and equipment not wired in conduit.</p> <p>17. Wiring not done by a licensed electrician.</p> <p>18. Accumulation of grease on cooking stove.</p> <p>19. Filters, duct and hood with grease.</p> <p>20. Hood over stove and deep fat fryer does not meet NFPA 96 requirements.</p> <p>21. Automatic fire extinguishing system not installed/ maintained as per NFPA 96 requirements.</p> <p>22. Fire extinguisher(s) not maintained as per NFPA #10.</p> | <p>23. Fire extinguisher(s) not checked by a licensed inspector on an annual basis.</p> <p>24. Fire extinguisher(s) blocked.</p> <p>25. No fire extinguisher(s) in building</p> <p>26. Pressurized cylinders not anchored.</p> <p>27. Automatic sprinkler/fire alarm system(s) to be maintained/ inspected by a licensed company on an annual basis.</p> <p>28. All sprinkler systems shall be supervised in accordance with City building Codes.</p> <p>29. Sprinkler riser area not kept clean at all times.</p> <p>30. Fire Department Connections blocked.</p> <p>31. Not maintaining 18" clearance from Sprinkler Head(s).</p> <p>32. Caps missing from Fire Department Connections.</p> <p>33. Water gong not working.</p> <p>34. Repair or replace hose and/or nozzle at dispensing pumps.</p> <p>35. The using of L.P.G. instead of natural gas.</p> <p>36. No smoke detector as per HB # 2046.</p> <p>37. No hearing-impaired smoke detector found as per HB # 162.</p> <p>38. No "No Smoking" signs.</p> <p>39. Occupancy load appears to be exceeding.</p> <p>40. No occupancy load sign.</p> <p>41. No address in front of occupancy.</p> <p>42. No pressure test on natural gas line.</p> <p>43. Other Hazard(s). (See REMARKS)</p> |
|---|--|

REMARKS: Everything is in order at this time

☒ COMPLIES WITHIN CODE TODAY

☐ DOES NOT COMPLY AT THIS TIME

☐ WILL REINSPECT BY: \_\_\_\_\_

San Juanita Rodriguez  
OWNER/OCCUPANT

Rubio 609  
FIRE MARSHAL/FIRE INSPECTOR

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

## **8. Discussion and Action: Mercedes Small Business Recovery Grant- Raquel Hinojosa, \$5000**



WIRTSCHAFTSUNIVERSITÄT  
**mercedes**  
big boots. big opportunities.

# 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: Raquel Hinojosa  
Name of Business: SS Auto Body Solutions  
Business Type: Auto Collision / Auto Repair Shop  
Address of Business: 225 W. 2nd St.  
Email Address: ssautobodyolutions@gmail.com Phone Number: 956392316

### BUSINESS OWNERSHIP

Tax ID #: 81-3787536  
Entity Name: SS Auto Body Solutions  
Name of business owner (if different from above): Raquel Hinojosa  
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 #: 6 (Part-time # employees: 1)

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

Yes    No   ✓



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

☒ Paycheck Protection Program (PPP)

Requested amount: 600.00

☒ Economic Injury Disaster Loan (EIDL)

Requested amount: 100,800.00

\*Provide proof of application provided via attachment.

If not, why not?

NA

## ACKNOWLEDGEMENTS/SIGNATURES

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

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

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

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

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

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

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

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

Business Legal Name SSA to B, Solutio

Written: \_\_\_\_\_

Legal Representative

Title \_\_\_\_\_

Signed: \_\_\_\_\_

Legal Representative

Title \_\_\_\_\_

Signed as Individual: [Signature]

Date 8-12-20



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. \$ 5000
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_
- ☐ Employee support (salaries, insurance, paid leave) \$ \_\_\_\_\_
- ☐ Utilities (i.e. electricity, water, phone, internet, etc.) \$ \_\_\_\_\_
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
- ☐ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_
- Total Amount \$ 5000

Total Grant amount requested from Mercedes DCM: \$ 5000

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

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

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

## FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: Texas National Bank  
Name of your Bank Officer: Lizzy Chavez-Yanez  
Have you met with your financial institution (bank) about financial assistance? Yes ☐ No ☒

If no, why not?

N/A



# Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
See Specific Instructions on page 3.

1 Name last, first, and middle initial as shown on your income tax return. Name is required on this line. Do not leave this line blank. <b>Norma L. Saenz</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only 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, S, P, etc.) in the space below: <b>LLC</b> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions):	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3) Exempt payee code (if any): Exemption from FATCA reporting code (if any): (Mark in square if exempt under FATCA)
5 Address number, street, and apt. # (or P.O. box) See instructions. <b>360 Las Palmas Dr.</b>	Requester's name and address (optional)
6 City, state, and ZIP code. <b>Mercedes, TX 78570</b>	
7 Last account number(s) (see instructions)	

## 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	
460-13-6455	
OR	
Employer identification number	

## 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 <b>Norma L. Saenz</b>
-----------	--

Date **06/26/2020**

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

# Texas

USA  
TX

## DRIVER LICENSE



Deputy C. M. O. Board Director



4d DL 12318609 9 Class C  
4a Iss 11/05/2019 4b Exp 05/18/2021

3 DOB 05/18/1981

1 HINOJOSA

2 RAQUEL

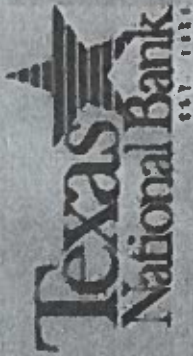
8 1110 S MISSOURI AVE  
MERCEDES TX 78570-0000

12 Restrictions NONE 9a End NONE

16 Hgt 5'-06" 15 Sex F 18 Eyes BRO

5 DD 00312911113035168260





# CASHIER'S CHECK



NOTICE TO CUSTOMERS

THE PURCHASE OF AN INSURANCE BOND MAY BE REQUIRED BEFORE ANY CASHIER'S CHECK OF THIS BANK WILL BE REPLACED OR REFUNDED IN THE EVENT IT IS LOST, MISPLACED OR STOLEN.

REMITTER SS AUTO BODY SOLUTIONS

PAY TWO THOUSAND EIGHT HUNDRED AND 00/100

TO THE ORDER OF NORMA SAENZ

PURPOSE   


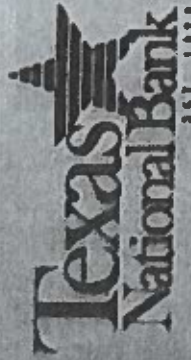
12121

DATE June 30, 2020

\*\*\*\*\*2,800.00

NON NEGOTIABLE

CUSTOMER COPY



# CASHIER'S CHECK

NOTICE TO CUSTOMERS

THE PURCHASE OF AN INSURANCE BOND MAY BE REQUIRED BEFORE ANY CASHIER'S CHECK OF THIS BANK WILL BE REPLACED OR REFUNDED IN THE EVENT IT IS LOST, MISPLACED OR STOLEN.

REMITTER SS AUTO BODY SOLUTIONS

PAY TWO THOUSAND EIGHT HUNDRED AND 00/100

TO THE ORDER OF NORMA SAENZ

PURPOSE 

12406

DATE August 4, 2020

\*\*\*\*\*2,800.00

NON NEGOTIABLE

CUSTOMER COPY



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

Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)	81-3789556		
Name (not your trade name)	SS Auto Body Solutions		
Trade name (if any)			
Address	845 S Nevada		
Number	Street	Suite or room number	
Mercedes	TX	78570	
City	State	ZIP code	
Foreign country name	Foreign province/country	Foreign postal code	

Report for this Quarter of 2020  
(Check one)

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

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

REV 05/18/20 QBDT

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

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

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	3
2	Wages, tips, and other compensation	2	8,761.03
3	Federal income tax withheld from wages, tips, and other compensation	3	292.00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	8,761.03 × 0.124 =	1,086.37
5a	(i) Qualified sick leave wages	× 0.062 =	
5a	(ii) Qualified family leave wages	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	8,761.03 × 0.029 =	254.07
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	1,340.44
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	1,632.44
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	1,632.44
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. BAA

Form 941 (Rev. 4-2020)

950220

Name (not your trade name)

Employer identification number (EIN)

SS Auto Body Solutions

81-3789556

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

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

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

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

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

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

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter 

Total must equal line 12.

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

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

REV 06/16/20 QBDT

First ▶



Name (not your trade name)

SS Auto Body Solutions

Employer identification number (EIN)

81-3789556

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

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

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

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

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

REV 06/18/20 Q80T

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

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

Sign your name here

Print your name here

Tony Garza

Print your title here

Accountant

Date Best daytime phone  (956) 825-9300**Paid Preparer Use Only**Check if you're self-employed ☐Preparer's name PTIN Preparer's signature Date Firm's name (or yours if self-employed) EIN Address Phone City State ZIP code

# Payroll Register

Apr 1 - Jun 30, 2020

## Payroll Details

## Check Info

Employee	SSN	Pay Start	Pay End	Chk #	Chk Date	Hours	Gross	Fed W/T	Soc Sec	Med Care	Med Care Addl	Child Support - Lira	Child Support Renee2	Net Pay
<b>Cesar Micael Salazar Santana 882-29-3520</b>														
		06/04/20	06/10/20	6040	06/12/20	38.87	544.13	-53.00	-33.74	-7.89	-	-	-	449.50
		06/11/20	06/17/20	6047	06/19/20	36.85	515.90	-49.00	-31.98	-7.48	-	-	-	427.44
		06/18/20	06/24/20	6064	06/26/20	40.00	560.00	-55.00	-34.72	-8.12	-	-	-	462.16
		<b>Totals</b>				<b>115.72</b>	<b>1,620.03</b>	<b>-157.00</b>	<b>-100.44</b>	<b>-23.49</b>	-	-	-	<b>1,339.10</b>
<b>Horacio A Lira 454-33-4016</b>														
		03/26/20	04/01/20	5978	04/03/20	11.57	173.50	-	-10.76	-2.51	-	-80.11	-	80.12
		04/02/20	04/08/20	5984	04/10/20	16.02	240.25	-	-14.89	-3.48	-	-110.94	-	110.94
		04/09/20	04/15/20	5990	04/17/20	9.98	149.75	-	-9.29	-2.18	-	-87.92	-	50.36
		04/16/20	04/22/20	5996	04/24/20	19.57	293.50	-	-18.19	-4.25	-	-87.92	-	183.14
		04/23/20	04/29/20	6002	05/01/20	30.00	450.00	-13.00	-27.90	-6.53	-	-87.92	-	314.65
		04/30/20	05/06/20	6009	05/08/20	22.60	339.00	-2.00	-21.02	-4.91	-	-87.92	-	223.15
		05/07/20	05/13/20	6015	05/15/20	35.87	538.00	-22.00	-33.36	-7.80	-	-87.92	-	386.92
		05/14/20	05/20/20	6021	05/22/20	26.70	400.50	-8.00	-24.83	-5.81	-	-87.92	-	273.94
		05/21/20	05/27/20	6027	05/29/20	24.25	363.75	-4.00	-22.55	-5.28	-	-87.92	-	244.00
		05/28/20	06/03/20	6033	06/05/20	28.75	431.25	-11.00	-26.74	-6.25	-	-87.92	-	299.34
		06/04/20	06/10/20	6041	06/12/20	21.33	320.00	-	-19.84	-4.64	-	-87.92	-	207.60
		06/11/20	06/17/20	6048	06/19/20	32.20	483.00	-16.00	-29.94	-7.00	-	-87.92	-	342.14
		06/18/20	06/24/20	6065	06/26/20	34.73	521.00	-20.00	-32.31	-7.56	-	-87.92	-	373.21
		<b>Totals</b>				<b>313.57</b>	<b>4,703.50</b>	<b>-96.00</b>	<b>-291.62</b>	<b>-68.20</b>	-	<b>-1,158.17</b>	-	<b>3,089.51</b>
<b>Rene Moreno 637-18-6447</b>														
		03/26/20	04/01/20	5979	04/03/20	25.00	187.50	-3.00	-11.62	-2.72	-	-25.52	-59.55	85.09
		04/02/20	04/08/20	5985	04/10/20	25.00	187.50	-3.00	-11.63	-2.72	-	-25.52	-59.55	85.08
		04/09/20	04/15/20	5991	04/17/20	25.00	187.50	-3.00	-11.62	-2.72	-	-25.52	-59.55	85.09
		04/16/20	04/22/20	5997	04/24/20	25.00	187.50	-3.00	-11.63	-2.72	-	-25.52	-59.55	85.08
		04/23/20	04/29/20	6003	05/01/20	25.00	187.50	-3.00	-11.62	-2.72	-	-25.52	-59.55	85.09
		04/30/20	05/06/20	6010	05/08/20	25.00	187.50	-3.00	-11.63	-2.72	-	-25.52	-59.55	85.08
		05/07/20	05/13/20	6016	05/15/20	25.00	187.50	-3.00	-11.62	-2.72	-	-25.52	-59.55	85.09
		05/14/20	05/20/20	6022	05/22/20	25.00	187.50	-3.00	-11.63	-2.71	-	-25.52	-59.55	85.09
		05/21/20	05/27/20	6028	05/29/20	25.00	187.50	-3.00	-11.62	-2.72	-	-25.52	-59.55	85.09
		05/28/20	06/03/20	6034	06/05/20	25.00	187.50	-3.00	-11.63	-2.72	-	-25.52	-59.55	85.08
		06/04/20	06/10/20	6042	06/12/20	25.00	187.50	-3.00	-11.62	-2.72	-	-25.52	-59.55	85.09
		06/11/20	06/17/20	6049	06/19/20	25.00	187.50	-3.00	-11.63	-2.72	-	-25.52	-59.55	85.08
		06/18/20	06/24/20	6066	06/26/20	25.00	187.50	-3.00	-11.62	-2.72	-	-25.52	-59.55	85.09
		<b>Totals</b>				<b>325.00</b>	<b>2,437.50</b>	<b>-39.00</b>	<b>-151.12</b>	<b>-35.35</b>	-	<b>-331.76</b>	<b>-774.15</b>	<b>1,106.12</b>
<b>Company Totals</b>														
						<b>764.28</b>	<b>8,761.03</b>	<b>-292.00</b>	<b>-543.18</b>	<b>-127.04</b>	-	<b>-1,158.17</b>	<b>-331.76</b>	<b>-774.15 5,534.73</b>



☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no SS Auto Body Solutions 845 S Nevada Mercedes, TX 78570 9563923160		1 Rents		OMB No. 1545-0115		<b>Miscellaneous Income</b>
		\$		2019		
		2 Royalties				
		\$				
3 Other income		4 Federal income tax withheld		<b>Copy B For Recipient</b>		
\$		\$				
5 Fishing boat proceeds		6 Medical and health care payments				
\$		\$				
PAYER'S TIN	RECIPIENT'S TIN	7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
81-3789556	690-52-9018	\$ 16385.00		\$		
RECIPIENT'S name Noe Martinez		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds		
Street address (including apt. no.) 3742 El Gorion Dr		11		12		
City or town, state or province, country, and ZIP or foreign postal code Mercedes TX 78570		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		15 State tax withheld		
15a Section 409A deferrals		15b Section 409A income		17 State/Payer's state no.		
\$		\$		\$		
18 State income		\$		\$		
Form 1099-MISC		(keep for your records)		www.irs.gov/Form1099MISC		

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no SS Auto Body Solutions 845 S Nevada Mercedes, TX 78570 9563923160		1 Rents		OMB No. 1545-0115		<b>Miscellaneous Income</b>
		\$		2019		
		2 Royalties				
		\$				
3 Other income		4 Federal income tax withheld		<b>Copy B For Recipient</b>		
\$		\$				
5 Fishing boat proceeds		6 Medical and health care payments				
\$		\$				
PAYER'S TIN	RECIPIENT'S TIN	7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
81-3789556	600-15-7844	\$ 26545.00		\$		
RECIPIENT'S name Noe Perez		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds		
Street address (including apt. no.) 8901 W Bus83 Lot 68		11		12		
City or town, state or province, country, and ZIP or foreign postal code Harlingen TX 78552		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		15 State tax withheld		
15a Section 409A deferrals		15b Section 409A income		17 State/Payer's state no.		
\$		\$		\$		
18 State income		\$		\$		
Form 1099-MISC		(keep for your records)		www.irs.gov/Form1099MISC		

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SS Auto Body Solutions 845 S Nevada Mercedes, TX 78570 9563923160		1 Rents \$		OMB No. 1545-0115 <b>2019</b> Form 1099-MISC		<b>Miscellaneous Income</b>	
2 Royalties \$		3 Other income \$		4 Federal income tax withheld \$		Copy B For Recipient	
5 Fishing boat proceeds \$		6 Medical and health care payments \$		7 Non-employee compensation \$		8 Substitute payments in lieu of dividends or interest \$	
9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient for resale) <input type="checkbox"/> \$ 29180.00		10 Crop insurance proceeds \$		11 \$		12 \$	
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		15a Section 409A deferrals \$		16 State tax withheld \$	
15b Section 409A income \$		17 State/Payer's state no. \$		18 State income \$		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	

Form 1099-MISC (keep for your records)

www.irs.gov/Form1099MISC

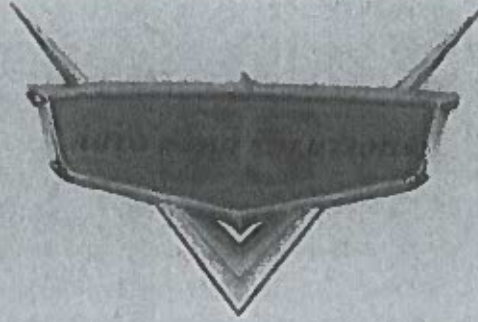
Department of the Treasury - Internal Revenue Service

# SS Auto Body Solutions 1099 Detail

April through June 2020

Type	Date	Num	Memo	Account	Cir	Split	Original Amount	Paid Amount	Balance
<b>Noe Martinez</b>									
690-52-9018									
Check	04/03/2020	5982		Contract Labor		Texas Natio.	290.00	290.00	290.00
Check	04/10/2020	5988		Contract Labor		Texas Natio.	250.00	250.00	540.00
Check	04/17/2020	5994		Contract Labor		Texas Natio.	200.00	200.00	740.00
Check	04/24/2020	6000		Contract Labor		Texas Natio.	220.00	220.00	960.00
Check	05/01/2020	6006		Contract Labor		Texas Natio.	300.00	300.00	1,260.00
Check	05/08/2020	6013		Contract Labor		Texas Natio.	320.00	320.00	1,580.00
Check	05/15/2020	6019		Contract Labor		Texas Natio.	250.00	250.00	1,830.00
Check	05/22/2020	6025		Contract Labor		Texas Natio.	230.00	230.00	2,060.00
Check	05/29/2020	6031		Contract Labor		Texas Natio.	300.00	300.00	2,360.00
Check	06/05/2020	6037		Contract Labor		Texas Natio.	360.00	360.00	2,740.00
Check	06/12/2020	6045		Contract Labor		Texas Natio.	290.00	290.00	3,030.00
Check	06/19/2020	6052		Contract Labor		Texas Natio.	250.00	250.00	3,280.00
Check	06/26/2020	6069		Contract Labor		Texas Natio.	280.00	280.00	3,560.00
Total Noe Martinez								3,560.00	3,560.00
<b>Noe Perez</b>									
600-15-7844									
Check	04/03/2020	5981		Contract Labor		Texas Natio.	450.00	450.00	450.00
Check	04/10/2020	5987		Contract Labor		Texas Natio.	320.00	320.00	770.00
Check	04/17/2020	5993		Contract Labor		Texas Natio.	300.00	300.00	1,070.00
Check	04/24/2020	5999		Contract Labor		Texas Natio.	330.00	330.00	1,400.00
Check	05/01/2020	6005		Contract Labor		Texas Natio.	440.00	440.00	1,840.00
Check	05/08/2020	6012		Contract Labor		Texas Natio.	460.00	460.00	2,300.00
Check	05/15/2020	6018		Contract Labor		Texas Natio.	430.00	430.00	2,730.00
Check	05/22/2020	6024		Contract Labor		Texas Natio.	350.00	350.00	3,080.00
Check	05/29/2020	6030		Contract Labor		Texas Natio.	350.00	350.00	3,430.00
Check	06/05/2020	6036		Contract Labor		Texas Natio.	570.00	570.00	4,000.00
Check	06/12/2020	6044		Contract Labor		Texas Natio.	450.00	450.00	4,450.00
Check	06/19/2020	6051		Contract Labor		Texas Natio.	495.00	495.00	4,945.00
Check	06/26/2020	6068		Contract Labor		Texas Natio.	420.00	420.00	5,365.00
Total Noe Perez								5,365.00	5,365.00
<b>Sergio Loreda Olvera</b>									
634-06-0912									
Check	04/03/2020	5980		Contract Labor		Texas Natio.	520.00	520.00	520.00
Check	04/10/2020	5986		Contract Labor		Texas Natio.	430.00	430.00	950.00
Check	04/17/2020	5992		Contract Labor		Texas Natio.	500.00	500.00	1,450.00
Check	04/24/2020	5998		Contract Labor		Texas Natio.	490.00	490.00	1,940.00
Check	05/01/2020	6004		Contract Labor		Texas Natio.	600.00	600.00	2,540.00
Check	05/08/2020	6011		Contract Labor		Texas Natio.	410.00	410.00	2,950.00
Check	05/15/2020	6017		Contract Labor		Texas Natio.	530.00	530.00	3,480.00
Check	05/22/2020	6023		Contract Labor		Texas Natio.	530.00	530.00	4,010.00
Check	05/29/2020	6029		Contract Labor		Texas Natio.	550.00	550.00	4,560.00
Check	06/05/2020	6035		Contract Labor		Texas Natio.	530.00	530.00	5,090.00
Check	06/12/2020	6043		Contract Labor		Texas Natio.	450.00	450.00	5,540.00
Check	06/19/2020	6050		Contract Labor		Texas Natio.	530.00	530.00	6,070.00
Check	06/26/2020	6067		Contract Labor		Texas Natio.	490.00	490.00	6,560.00
Total Sergio Loreda Olvera								6,560.00	6,560.00
<b>TOTAL</b>								15,485.00	15,485.00





## **SS AUTO BODY SOLUTIONS**

**825 W. 2<sup>ND</sup> ST. MERCEDES, TX. 78570**

**956-392-3160 / 956-463-8922**

### **WORK SAFE PLAN**

SS AUTO BODY SOLUTIONS LOCATED AT 825 W. 2<sup>ND</sup> ST. MERCEDES TEXAS 78570 WILL OPERATE FROM MONDAY-FRIDAY FROM THE HOURS OF 8AM-5PM. THIS ESTABLISHMENT IS CONSIDERED AN ESSENTIAL BUSINESS, NEEDED TO BE AVAILABLE FOR VEHICLE REPAIRS. ALL EMPLOYEES HAVE BEEN GIVEN A "NOTICE OF TRAVEL" IN THE EVENT THAT LAW ENFORCEMENT SHOULD QUESTION THEIR TRANSPORTATION.

IT IS IMPLEMENTED THAT EVERY PERSON IN AND OUT OF THE BUILDING SHALL KEEP A DISTANCE OF SIX FEET AWAY FROM EACH OTHER AT ALL TIMES. EVERY EMPLOYEE AND WORKER WILL HAVE A DESIGNATED WORK AREA TO WHICH THEY WILL BE ASSIGNED TO SOLELY.

OFFICE MANAGEMENT HAS BEEN WORKING FROM HOME AND WILL REMAIN ASSISTING CUSTOMERS THROUGH PHONE CALLS, TEXTS, AND EMAILS. CONTACT WILL ONLY BE MADE ONCE VEHICLE REPAIRS HAVE BEEN CONFIRMED AND APPROVED.

AT THE TIME OF PHYSICAL PRESENCE, DISINFECTANT PRODUCTS WITH A MINIMUM OF 60% ALCOHOL WILL BE USED TO WIPE VEHICLE DOOR HANDLES, STEERING WHEELS, AND SHIFTERS BEFORE, DURING, AND AFTER REPAIRS ARE BEING CONDUCTED. MASKS ARE TO BE WORN AT ALL TIMES FROM EVERYONE. (NO EXEPTIONS)

IF AN EMPLOYEE SHOWS SIGNS OR SYMPTOMS OF COVID-19 INCLUDING COUGH, SHORTNESS OF BREATH, FEVER, SORE THROAT, OR IN THE PREVIOUS 14 DAYS HAS HAD CONTACT WITH SOMEONE WITH A CONFIRMED DIAGNOSIS, IS UNDER INVESTIGATION FOR COVID-19, OR IS ILL WITH A RESPIRATORY ILLNESS, WILL NOT BE ALLOWED TO ENTER THE PREMISES, AND HIS/HER WORK AREA WILL BE SANITIZED IMMEDIATELY. THEY WILL BE SENT HOME AND NOT ALLOWED TO RETURN UNLESS CLEARED BY A LICENSED HEALTHCARE PROFESSIONAL.

IF A CUSTOMER SHOWS SIGNS OF COVID-19, VEHICLE REPAIRS WILL BE DENIED UNTIL CLEARANCE HAS BEEN CONFIRMED AND SANITATION HAS BEEN THOROUGHLY CONDUCTED.

OUR COMMITMENT FOR SAFETY WILL BE IMPLEMENTED INDEFINITELY FOR ALL OUR CUSTOMERS, EMPLOYEES, OURSELVES, AND OUR FAMILIES.

**WE APPRECIATE YOUR TRUST AND YOUR BUSINESS. GOD BLESS!**

**-OWNERS  
RAQUEL HINOJOSA  
RENE MORENO**





**Paycheck Protection Program  
Borrower Application Form**

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

<b>Check One:</b> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename If Applicable</b> Raguel Higgins DBA SS Auto Body Solutions	
<b>Business Legal Name</b> SS Auto Body Solutions		<b>Business TIN (EIN, SSN)</b> 81-3789556	
<b>Business Address</b> 825 W. 2nd St Mercedes, TX 78570		<b>Business Phone</b> 936-5923160	
<b>Average Monthly Payroll:</b> \$ 2,429.00		<b>Mod. \$6,000.00</b>	
<b>x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:</b> \$ 6,072.00		<b>Number of Employees:</b> 3	
<b>Purpose of the loan (select more than one):</b> <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): 75% \$4,500.00 (Payroll) / 25% \$1,500.00 (Rents/Utilities)			

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

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Raguel Higgins	owner	100%	81-3789556	825 W 2nd St Mercedes TX 1110 S Missouri Ave Mercedes, Texas 78570-0000

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

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

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

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



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

- 10. Executive Session: Section 551.087: relating to economic incentives for 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. Discussion and Action: Adjournment**