



KENEDY 4B CORPORATION AGENDA
AUGUST 23, 2021 – 6:00 P.M.
CITY AUDITORIUM IN THE RUHMAN C. FRANKLIN MUNICIPAL BUILDING
303 W. MAIN ST., KENEDY, TX. 78119

Notice is hereby given that the Kenedy 4B Corporation will convene to hold a regular meeting on the 23rd of August 2021, at 6:00 p.m. at which time business will be conducted in accordance with Local Government Code 551 as follows:

1. Call meeting to order and announce a quorum present.
2. Public comments.
3. Discussion and approval of regular minutes for the June 28, 2021 meeting.
4. Discussion and possible action to approve the June 2021 Financial Report.
5. Discussion and possible action to approve the July 2021 Financial Report.
6. Discussion and possible action to approve bills for June and July 2021 to be paid for the month.
7. Discussion and possible action to award grant(s) on applications received for the COVID-19 Small Business Assistance Grant 2020/2021 for small businesses adversely affected by COVID 19 pandemic.
8. TABLED June 28, 2021. Discussion and possible action to approve a stand-alone EDC 4B website focused on attracting business and development to Kenedy.
9. Consideration and possible action in regard to establishing a date and time to conduct a budget workshop before the September 14, 2021 deadline.
10. Items to consider for placement on future agendas.
11. Adjourn.


Special Accommodations

This facility is wheelchair accessible and accessible parking spaces are available. Requests for accommodations or interpretive services must be made 48 hours prior to this meeting. Please contact the City Secretary's office at (830) 583-2230 or FAX (830) 583-2063 or email citysecretary@cityofkenedy.org for further information. Braille is not available.

The Kenedy 4B Corporation of the City of Kenedy reserves the right to convene in Executive Session in accordance with the Texas Open Meetings Act, Texas Government Code: Section 551.071 (Consultations with Attorney), Section 551.072 (Deliberations about Real Property), Section 551.076 (Deliberations about Security Devices), or Section 551.087 (Deliberations Regarding Economic Development Negotiations) on any of the above items.

Certification

I, Ruby Beaven, certify that the above notice of this Kenedy 4B Corporation Meeting was posted at the front doors to the City Hall, 303 W. Main St., Kenedy, Texas on the 20th day of August, 2021 by 5:30 p.m.



Ruby Beaven, City Secretary



KENEDY 4B CORPORATION AGENDA
Regular Meeting: Monday, August 23, 2021

AGENDA ITEM: 3

Discussion and approval of regular minutes for the June 28, 2021 meeting.

SUBMITTED BY: City Secretary Ruby Beaven



KENEDY 4B CORPORATION MINUTES
JUNE 28, 2021 – 6:00 P.M.
CITY AUDITORIUM IN THE RUHMAN C. FRANKLIN MUNICIPAL BUILDING
303 W. MAIN ST., KENEDY, TX. 78119

MEMBERS PRESENT:

Gary Richards, President
 Felipe Leal, Vice President
 Walter (Trey) Hill III, Investment Officer
 Cindy Saenz, Secretary
 Lajuana Kasprzyk, Director
 Don Staggs, Director

MEMBERS ABSENT:

Leslie Wynn, Treasurer

CITY PRESENT:

City Secretary Ruby Beaven

1. Call meeting to order and announce a quorum present.

President Richards called the meeting to order at 6:00 p.m. and announced a quorum was present.

2. Public comments.

David Theuret addressed the Board to consider adding a library box to Escondido Park for reading material.

3. Discussion and approval of regular minutes for the May 24, 2021 meeting.

It was noted that Item Five (5) of the minutes needed to be changed to state:
 Leslie Wynn nominated ~~City~~ Cindy Saenz as secretary.

It was noted that Item Nine (9) of the minutes needed to be changed to state:
 Motion ~~dies~~ died for lack of second.

It was noted that Item Sixteen (16) of the minutes needed to be changed to state:
 festival, ~~down-town~~ downtown buildings, vacant downtown buildings

Motion: Director Kasprzyk made the motion to approve the May 2021 minutes with three amendments as noted. The motion was seconded by Director Staggs. Motion passed unanimously.

4. Discussion and possible action to approve the May 2021 Financial Report.

Director Kasprzyk stated we were to move \$700k and this transaction is not reflected on May Financial Report. Director Kasprzyk cautioned everyone to make sure we are not overspending.

Motion: Director Kasprzyk made the motion to approve the May 2021 Financial Report. Secretary Saenz seconded the motion. Motion passed unanimously.

5. Discussion and possible action to approve the expense for the Glenna May bench for Joe Gulley Park on behalf of the Parks & Recreation Board.

Parks and Recreation Board President Suzanne Nunez addressed the Board to address the expense for the Glenna May bench for the Joe Gulley Park.

Motion: Vice President Leal made the motion to approve the Glenna May bench for Joe Gulley Park on behalf of the Parks & Recreation Board in an unspecified amount. Secretary Saenz seconded the motion. Motion passed unanimously.

6. Discussion and possible action to approve bills to be paid for the month.

The Board reviewed the open accounts payable invoices.

Director Kasprzyk stated the quote for the Glenna May Bench needs to be removed from this batch of bills until the invoice is received.

Director Kasprzyk requested City Manager Linn sign off on Building C to acknowledge the work has been verified.

Director Kasprzyk inquired if the walking trail utility bill is still being paid through 4B since it is not on the list. President Richards stated 4B was not and Secretary Saenz stated the City was handling this bill.

Motion: Director Kasprzyk made the motion to approve bills to be paid for the month excluding the Glenna May Bench for an adjusted total of \$189,713.64. Investment Officer Hill seconded the motion. Motion passed unanimously.

7. Discussion and possible action to approve the amended City of Kenedy 4B Corporation Bylaws.

The Board reviewed the amended Bylaws and agree with the modifications in section 3.08, 4.05, 4.06, and 8.01.

It was noted that Section 6.01 needed to be amended as follows:

The Board shall hold ~~at least four (4) regular quarterly meetings each year a~~ **monthly meeting on the fourth Monday of each month.** All regular ~~quarterly~~ monthly meetings will be held in city-owned facilities. ~~Special meetings may be held on city-owned facilities or the meeting room at the Dairy Queen.~~

It was noted that Section 7.06 needed to be amended as follows:

All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Corporation shall be signed or bear the facsimile of the president and ~~treasurer~~ vice-president, or such other person as designated by the Board.

Suggest to make sure the revision and ratification is updated.

Motion: Vice President Leal made the motion to approve the amended City of Kenedy 4B Corporation Bylaws as presented along with the amendments as noted. The motion was seconded by Director Kasprzyk. Motion passed unanimously.

8. Discussion and possible action to award grant(s) on applications received for the COVID-19 Small Business Assistance Grant 2020/2021 for small businesses adversely affected by COVID 19 pandemic.

The Board reviewed the grant applications and the consensus was there was not enough information based on the application requirements to make a decision. The Board recommended a revised application to request for financials and to proceed with a second round of applications to be accepted from July 01, 2021 through July 31, 2021.

Motion: Director Staggs made the motion to not award any grants from this pool of applicants and to amend the current application to request for financials and request the applicants to reapply from July 01, 2021 through July 31, 2021. The motion was seconded by Vice President Leal. Motion passed unanimously.

9. Discussion and possible action to approve a stand-alone EDC 4B website focused on attracting business and development to Kenedy.

Discussion was held among the Board about a stand-alone website. Additional information for setup fees, maintenance fees, and control of website need to be addressed.

Motion: Secretary Saenz made the motion to table Item 9 for further information. Investment Officer Hill seconded the motion. Motion passed unanimously.

10. Discuss downtown improvement project.

Discussion was held among the board about potential downtown improvement projects.

Director Staggs stated the downtown store fronts do not look good. President Richards indicted a potential façade grant.

President Richards requested to have the downtown improvement project removed from the next agenda.

11. Items to consider for placement on future agendas.

Director Kasprzyk suggested pricing a part-time economic development staff or contract person. This could be a potential partnership with the Chamber.

President Richards suggested a budget workshop for July 19, 2021 at 6:00 p.m. to include the Parks & Recreation Board.

12. Adjourn.

Director Kasprzyk made the motion to adjourn the meeting at 7:16 p.m. Investment Officer Hill seconded the motion. Motion passed unanimously.

APPROVED:

Gary Richards, President

ATTEST:

Ruby Beaven, City Secretary

KENEDY 4B CORPORATION AGENDA
Regular Meeting: Monday, August 23, 2021

AGENDA ITEM: 4

Discussion and possible action to approve the June 2021 Financial Report

SUBMITTED BY: City Manager William Linn

KENEDY 4B CORPORATION

MONTHLY FINANCIAL STATEMENTS

MONTH ENDED JUNE 30, 2021

BALANCE SHEET

AS OF: JUNE 30TH, 2021

15 -KENEDY 4B CORPORATION

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE
<hr/>		
ASSETS		
=====		
15-00-101.01	KENEDY 4B CORP - CHECKING	407,342.46
15-00-120.01	TEXPOOL - 4B CORPORATION	4,423,751.13
15-00-130.01	OTHER RECEIVABLES -SALES TAX	<u>45,660.97</u>
		<u>4,876,754.56</u>
TOTAL ASSETS		<u>4,876,754.56</u>
=====		
LIABILITIES		
=====		
EQUITY		
=====		
15-00-290.01	FUND BALANCE - KENEDY 4B CORP	<u>5,019,183.56</u>
	TOTAL BEGINNING EQUITY	5,019,183.56
TOTAL REVENUE		667,256.04
TOTAL EXPENSES		<u>809,685.04</u>
TOTAL REVENUE OVER/(UNDER) EXPENSES		(142,429.00)
TOTAL EQUITY & REV. OVER/(UNDER) EXP.		<u>4,876,754.56</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.		<u>4,876,754.56</u>
=====		

CITY OF KENEDY
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: JUNE 30TH, 2021

15 -KENEDY 4B CORPORATION
FINANCIAL SUMMARY

75.00% OF YEAR COMP.

	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	% OF BUDGET	BUDGET BALANCE
<u>REVENUE SUMMARY</u>					
ALL REVENUE	<u>1,150,000.00</u>	<u>81,204.71</u>	<u>667,256.04</u>	<u>58.02</u>	<u>482,743.96</u>
TOTAL REVENUES	<u>1,150,000.00</u>	<u>81,204.71</u>	<u>667,256.04</u>	<u>58.02</u>	<u>482,743.96</u>
<u>EXPENDITURE SUMMARY</u>					
KENEDY 4B CORPORATION	<u>1,163,000.00</u>	<u>187,631.28</u>	<u>809,685.04</u>	<u>69.62</u>	<u>353,314.96</u>
TOTAL EXPENDITURES	<u>1,163,000.00</u>	<u>187,631.28</u>	<u>809,685.04</u>	<u>69.62</u>	<u>353,314.96</u>
REVENUES OVER/(UNDER) EXPENDITURES	(13,000.00)	(106,426.57)	(142,429.00)		129,429.00

CITY OF KENEDY
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: JUNE 30TH, 2021

15 -KENEDY 4B CORPORATION

75.00% OF YEAR COMP.

REVENUES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	% OF BUDGET	BUDGET BALANCE
<u>SALES TAX</u>					
15-00-303.01 SALES TAX REVENUE	<u>600,000.00</u>	<u>45,660.97</u>	<u>383,459.52</u>	<u>63.91</u>	<u>216,540.48</u>
TOTAL SALES TAX	600,000.00	45,660.97	383,459.52	63.91	216,540.48
<u>FINES & MISCELLANEOUS REV</u>					
15-00-305.01 OIL & GAS ROYALTIES	<u>550,000.00</u>	<u>35,495.59</u>	<u>281,793.11</u>	<u>51.24</u>	<u>268,206.89</u>
TOTAL FINES & MISCELLANEOUS REV	550,000.00	35,495.59	281,793.11	51.24	268,206.89
<u>OTHER REVENUE</u>					
15-00-308.05 INTEREST EARNED	<u>0.00</u>	<u>48.15</u>	<u>2,003.41</u>	<u>0.00</u>	<u>(2,003.41)</u>
TOTAL OTHER REVENUE	0.00	48.15	2,003.41	0.00	(2,003.41)
<hr/>					
TOTAL REVENUES	1,150,000.00	81,204.71	667,256.04	58.02	482,743.96
	=====	=====	=====	=====	=====

CITY OF KENEDY
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: JUNE 30TH, 2021

15 -KENEDY 4B CORPORATION
KENEDY 4B CORPORATION

75.00% OF YEAR COMP.

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	% OF BUDGET	BUDGET BALANCE
<u>SALARIES & OTHER</u>					
15-00-510.03 LEGAL FEES	3,500.00	0.00	0.00	0.00	3,500.00
15-00-510.04 BOOKKEEPING -CITY OF KENED	12,000.00	1,000.00	8,000.00	66.67	4,000.00
15-00-510.05 MISCELLANEOUS EXPENSE	0.00	0.00	15.00	0.00	(15.00)
15-00-510.09 HOLIDAY PARTY	<u>500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>500.00</u>
TOTAL SALARIES & OTHER	16,000.00	1,000.00	8,015.00	50.09	7,985.00
<u>OPERATING EXPENSES</u>					
15-00-520.10 OPERATING SUPPLIES	<u>3,000.00</u>	<u>(1,949.72)</u>	<u>201.47</u>	<u>6.72</u>	<u>2,798.53</u>
TOTAL OPERATING EXPENSES	3,000.00	(1,949.72)	201.47	6.72	2,798.53
<u>MISCELLANEOUS SERVICES</u>					
15-00-530.05 ADVERTISING	500.00	400.00	400.00	80.00	100.00
15-00-530.11 UTILITIES	<u>3,500.00</u>	<u>0.00</u>	<u>388.95</u>	<u>11.11</u>	<u>3,111.05</u>
TOTAL MISCELLANEOUS SERVICES	4,000.00	400.00	788.95	19.72	3,211.05
<u>GENERAL EXPENDITURES</u>					
15-00-560.10 TRAINING	<u>4,000.00</u>	<u>480.00</u>	<u>480.00</u>	<u>12.00</u>	<u>3,520.00</u>
TOTAL GENERAL EXPENDITURES	4,000.00	480.00	480.00	12.00	3,520.00
<u>CAPITAL PROJECTS</u>					
15-00-570.02 COMPLEX SECURITY FENCE	61,000.00	0.00	57,375.00	94.06	3,625.00
15-00-570.03 TRASH CANS	8,000.00	0.00	5,336.28	66.70	2,663.72
15-00-570.06 COMPLEX BATRY ARCH	<u>30,000.00</u>	<u>0.00</u>	<u>26,507.00</u>	<u>88.36</u>	<u>3,493.00</u>
TOTAL CAPITAL PROJECTS	99,000.00	0.00	89,218.28	90.12	9,781.72
<u>BUILDING & STRUCT. EXP.</u>					
15-00-580.02 PARK SIGNAGE	2,000.00	0.00	0.00	0.00	2,000.00
15-00-580.04 BENCHES	<u>3,000.00</u>	<u>0.00</u>	<u>1,500.00</u>	<u>50.00</u>	<u>1,500.00</u>
TOTAL BUILDING & STRUCT. EXP.	5,000.00	0.00	1,500.00	30.00	3,500.00
<u>CAPITAL PURCHASES</u>					
15-00-590.03 TICKET BOOTH	25,000.00	0.00	0.00	0.00	25,000.00
15-00-590.04 BUILDING C - SPORTS COMPLE	300,000.00	187,701.00	187,701.00	62.57	112,299.00
15-00-590.05 BASEBALL FIELD PADS	<u>16,000.00</u>	<u>0.00</u>	<u>14,599.50</u>	<u>91.25</u>	<u>1,400.50</u>
TOTAL CAPITAL PURCHASES	341,000.00	187,701.00	202,300.50	59.33	138,699.50
<u>GEN FUND TRSFR & EXP</u>					
15-00-610.01 GRANT EXPENSES	176,800.00	0.00	0.00	0.00	176,800.00
15-00-610.03 HEB SALES TAX REBATE AGREE	28,000.00	0.00	20,980.84	74.93	7,019.16
15-00-610.04 SPORTS COMPLEX-BOND P & I	<u>486,200.00</u>	<u>0.00</u>	<u>486,200.00</u>	<u>100.00</u>	<u>0.00</u>
TOTAL GEN FUND TRSFR & EXP	691,000.00	0.00	507,180.84	73.40	183,819.16
<u>TOTAL KENEDY 4B CORPORATION</u>					
	1,163,000.00	187,631.28	809,685.04	69.62	353,314.96
<u>TOTAL EXPENDITURES</u>					
	1,163,000.00	187,631.28	809,685.04	69.62	353,314.96
=====					
REVENUES OVER/ (UNDER) EXPENDITURES	(13,000.00)	(106,426.57)	(142,429.00)		129,429.00

KENEDY 4B CORPORATION
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

Note 1. Reporting Entity:

Kenedy 4B Corporation is a nonprofit corporation created by the City in 1998 pursuant to the provisions of the *Development Corporation Act of 1979*, as amended (which was originally enacted as Article 5190.6, V.A.T.C.S., and was subsequently codified and now appears in Chapters 501 - 505 of the Texas Local Government Code - collectively, the "Act").

Note 2. Summary of significant accounting policies:

The Kenedy 4B Corporation is governed by a board appointed by the City Council. Although they are legally separate from the City, the Kenedy 4B Corporation is reported as if they are a part of the City's primary government on its audited annual financial report because their primary purpose is to provide services to the citizens of the City. As a governmental type fund funds are accounted for on a spending or "current financial resources" measurement focus and the modified accrual basis of accounting. Accordingly, only current asset and current liabilities are included on the Balance Sheets. The Statement of Revenues, Expenditures and Changes in Fund Balance present increases (revenues and other financing sources) and decreases (expenditures and other financing uses) in net current assets. Under modified accrual basis of accounting, revenues are recognized in the accounting period in which they become both measurable and available to finance expenditures of the current period. Accordingly, revenues are recorded when received in cash. Expenditures are recorded in the accounting period in which they related fund liability is incurred or spent.

The Kenedy 4B Corporation is used to collect sales tax monies to promote new business activity in the City.

Note 3. Capital assets

Capital (fixed) assets are recorded on the financial statements of the City of Kenedy.

Mineral Rights: The following is a list of mineral rights for the Kenedy 4B Corporation as listed at appraised value per the Karnes County Appraisal District and are 2020 Certified Values:

• Young Gas Unit 1 w No B1H	\$ 6,580
• Young Gas Unit 1 w No B2H	26,120
• Kenedy Corp Gas Unit 1w B3H	18,160
• Kenedy Corp Gas Unit 1w B4H	11,370
• Young Gas Unit 1 w No A1H	62,740
• Young Gas Unit 1w No A2H	82,830
• Young Guns Unit 1A3H	18,150
• Young Gas Unit 1w No A4H	53,960
• Young Gas Unit 1w No A5H	125,630
• Young Gas Unit 1 w No C3H	69,930
• Young Gas Unit 1 w C2H	67,900
• Young Gas Unit 1 w No C1H & C4H	<u>32,880</u>
	576,250

KENEDY 4B CORPORATION
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

Note 4. Contractual Obligations

A. Project Funding Agreement re: Financing a New Sports Activity Complex. Entered into in Connection with the issuance of City of Kenedy Combination Tax and Revenue Certificates of Obligation Series 2019: This agreement was signed and dated July 1, 2019. The bonds were issued in the name of the City of Kenedy on August 1, 2019.

Terms of Agreement. The term of this Agreement shall become effective from the date on which the City issues and delivers the City Sports Complex COs and shall terminate one business day after the Corporation has transferred to the City sufficient funds to pay the final annual debt service payment on the City Sports Complex COs (or any bonds or obligations issued in the future to refund the City's Sports Complex COs).

Fiscal Year Ended	Debt Service Requirements, Series 2019 Combination Tax and Revenue Bonds		
	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<u>30-Sep</u>			
2020	315,000.00	172,480.00	487,480.00
2021	230,000.00	256,200.00	486,200.00
2022	240,000.00	247,000.00	487,000.00
2023	250,000.00	237,400.00	487,400.00
2024	260,000.00	227,400.00	487,400.00
2025	270,000.00	217,000.00	487,000.00
2026	280,000.00	206,200.00	486,200.00
2027	295,000.00	195,000.00	490,000.00
2028	305,000.00	183,200.00	488,200.00
2029	315,000.00	171,000.00	486,000.00
2030	330,000.00	158,400.00	488,400.00
2031	345,000.00	145,200.00	490,200.00
2032	355,000.00	131,400.00	486,400.00
2033	370,000.00	117,200.00	487,200.00
2034	385,000.00	102,400.00	487,400.00
2035	400,000.00	87,000.00	487,000.00
2036	420,000.00	71,000.00	491,000.00
2037	435,000.00	54,200.00	489,200.00
2038	450,000.00	36,800.00	486,800.00
2038	470,000.00	18,800.00	488,800.00
	<u>6,720,000.00</u>	<u>3,035,280.00</u>	<u>9,755,280.00</u>

KENEDY 4B CORPORATION
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

Note 4. Contractual Obligations (Continued)

- B. Development Agreement – HEB Grocery Company, LP** The Kenedy 4B Corporation has the following agreement to reimburse HEB Grocery Company, LP. The total Cost Reimbursement available to HEB for the Public Improvements under the terms of this Agreement shall not exceed one hundred and fifty thousand dollars (\$150,000). The 4B Corporation shall reimburse HEB for its expenses for the Public Improvements up to the Maximum Reimbursement Amount. Annually throughout the Term of this Agreement, 4B Corporation shall pay to HEB one hundred percent (100%) of the Increased Sales Tax Revenues (as defined below) generated at the Property, up to the Maximum Reimbursement Amount. For purposes of this Agreement, *“Increased Sales Tax Revenues” shall mean for any given calendar year the difference between the (x) Sales Tax Revenues minus (y) the Sales Tax Base Line Amount.* As of May 31, 2021 the 4B Corporation has paid HEB a cumulative amount of \$117,882.12 which leaves an unpaid balance of \$ 32,117.88.

KENEDY 4B CORPORATION AGENDA
Regular Meeting: Monday, August 23, 2021

AGENDA ITEM: 5

Discussion and possible action to approve the July 2021 Financial Report

SUBMITTED BY: City Manager William Linn

KENEDY 4B CORPORATION
MONTHLY FINANCIAL STATEMENTS
MONTH ENDED JULY 31, 2021

BALANCE SHEET

AS OF: JULY 31ST, 2021

15 -KENEDY 4B CORPORATION

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE
<hr/>		
ASSETS		
=====		
15-00-101.01	KENEDY 4B CORP - CHECKING	551,081.87
15-00-120.01	TEXPOOL - 4B CORPORATION	<u>4,423,822.07</u>
		<u>4,974,903.94</u>
TOTAL ASSETS		4,974,903.94
		=====
LIABILITIES		
=====		
EQUITY		
=====		
15-00-290.01	FUND BALANCE - KENEDY 4B CORP	<u>5,019,183.56</u>
	TOTAL BEGINNING EQUITY	5,019,183.56
TOTAL REVENUE		765,405.42
TOTAL EXPENSES		<u>809,685.04</u>
TOTAL REVENUE OVER/(UNDER) EXPENSES		(44,279.62)
TOTAL EQUITY & REV. OVER/(UNDER) EXP.		<u>4,974,903.94</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.		4,974,903.94
		=====

CITY OF KENEDY
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: JULY 31ST, 2021

15 -KENEDY 4B CORPORATION
FINANCIAL SUMMARY

83.33% OF YEAR COMP.

	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	% OF BUDGET	BUDGET BALANCE
<u>REVENUE SUMMARY</u>					
ALL REVENUE	1,150,000.00	98,149.38	765,405.42	66.56	384,594.58
TOTAL REVENUES	1,150,000.00	98,149.38	765,405.42	66.56	384,594.58
	=====	=====	=====	=====	=====
<u>EXPENDITURE SUMMARY</u>					
KENEDY 4B CORPORATION	1,163,000.00	0.00	809,685.04	69.62	353,314.96
TOTAL EXPENDITURES	1,163,000.00	0.00	809,685.04	69.62	353,314.96
	=====	=====	=====	=====	=====
REVENUES OVER/ (UNDER) EXPENDITURES	(13,000.00)	98,149.38	(44,279.62)		31,279.62

CITY OF KENEDY
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: JULY 31ST, 2021

15 -KENEDY 4B CORPORATION

83.33% OF YEAR COMP.

REVENUES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	% OF BUDGET	BUDGET BALANCE
<u>SALES TAX</u>					
15-00-303.01 SALES TAX REVENUE	<u>600,000.00</u>	<u>54,822.41</u>	<u>438,281.93</u>	<u>73.05</u>	<u>161,718.07</u>
TOTAL SALES TAX	600,000.00	54,822.41	438,281.93	73.05	161,718.07
<u>FINES & MISCELLANEOUS REV</u>					
15-00-305.01 OIL & GAS ROYALTIES	<u>550,000.00</u>	<u>43,256.03</u>	<u>325,049.14</u>	<u>59.10</u>	<u>224,950.86</u>
TOTAL FINES & MISCELLANEOUS REV	550,000.00	43,256.03	325,049.14	59.10	224,950.86
<u>OTHER REVENUE</u>					
15-00-308.05 INTEREST EARNED	<u>0.00</u>	<u>70.94</u>	<u>2,074.35</u>	<u>0.00</u>	<u>(2,074.35)</u>
TOTAL OTHER REVENUE	0.00	70.94	2,074.35	0.00	(2,074.35)
<hr/>					
TOTAL REVENUES	1,150,000.00	98,149.38	765,405.42	66.56	384,594.58
	=====	=====	=====	=====	=====

CITY OF KENEDY
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: JULY 31ST, 2021

15 -KENEDY 4B CORPORATION
KENEDY 4B CORPORATION

83.33% OF YEAR COMP.

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	% OF BUDGET	BUDGET BALANCE
<u>SALARIES & OTHER</u>					
15-00-510.03 LEGAL FEES	3,500.00	0.00	0.00	0.00	3,500.00
15-00-510.04 BOOKKEEPING -CITY OF KENED	12,000.00	0.00	8,000.00	66.67	4,000.00
15-00-510.05 MISCELLANEOUS EXPENSE	0.00	0.00	15.00	0.00	15.00
15-00-510.09 HOLIDAY PARTY	500.00	0.00	0.00	0.00	500.00
TOTAL SALARIES & OTHER	16,000.00	0.00	8,015.00	50.09	7,985.00
<u>OPERATING EXPENSES</u>					
15-00-520.10 OPERATING SUPPLIES	3,000.00	0.00	201.47	6.72	2,798.53
TOTAL OPERATING EXPENSES	3,000.00	0.00	201.47	6.72	2,798.53
<u>MISCELLANEOUS SERVICES</u>					
15-00-530.05 ADVERTISING	500.00	0.00	400.00	80.00	100.00
15-00-530.11 UTILITIES	3,500.00	0.00	388.95	11.11	3,111.05
TOTAL MISCELLANEOUS SERVICES	4,000.00	0.00	788.95	19.72	3,211.05
<u>GENERAL EXPENDITURES</u>					
15-00-560.10 TRAINING	4,000.00	0.00	480.00	12.00	3,520.00
TOTAL GENERAL EXPENDITURES	4,000.00	0.00	480.00	12.00	3,520.00
<u>CAPITAL PROJECTS</u>					
15-00-570.02 COMPLEX SECURITY FENCE	61,000.00	0.00	57,375.00	94.06	3,625.00
15-00-570.03 TRASH CANS	8,000.00	0.00	5,336.28	66.70	2,663.72
15-00-570.06 COMPLEX BATRY ARCH	30,000.00	0.00	26,507.00	88.36	3,493.00
TOTAL CAPITAL PROJECTS	99,000.00	0.00	89,218.28	90.12	9,781.72
<u>BUILDING & STRUCT. EXP.</u>					
15-00-580.02 PARK SIGNAGE	2,000.00	0.00	0.00	0.00	2,000.00
15-00-580.04 BENCHES	3,000.00	0.00	1,500.00	50.00	1,500.00
TOTAL BUILDING & STRUCT. EXP.	5,000.00	0.00	1,500.00	30.00	3,500.00
<u>CAPITAL PURCHASES</u>					
15-00-590.03 TICKET BOOTH	25,000.00	0.00	0.00	0.00	25,000.00
15-00-590.04 BUILDING C - SPORTS COMPLE	300,000.00	0.00	187,701.00	62.57	112,299.00
15-00-590.05 BASEBALL FIELD PADS	16,000.00	0.00	14,599.50	91.25	1,400.50
TOTAL CAPITAL PURCHASES	341,000.00	0.00	202,300.50	59.33	138,699.50
<u>GEN FUND TRSFR & EXP</u>					
15-00-610.01 GRANT EXPENSES	176,800.00	0.00	0.00	0.00	176,800.00
15-00-610.03 HEB SALES TAX REBATE AGREE	28,000.00	0.00	20,980.84	74.93	7,019.16
15-00-610.04 SPORTS COMPLEX-BOND P & I	486,200.00	0.00	486,200.00	100.00	0.00
TOTAL GEN FUND TRSFR & EXP	691,000.00	0.00	507,180.84	73.40	183,819.16
TOTAL KENEDY 4B CORPORATION	1,163,000.00	0.00	809,685.04	69.62	353,314.96
TOTAL EXPENDITURES	1,163,000.00	0.00	809,685.04	69.62	353,314.96
REVENUES OVER/(UNDER) EXPENDITURES	(13,000.00)	98,149.38	(44,279.62)		31,279.62

KENEDY 4B CORPORATION
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2021

Note 1. Reporting Entity:

Kenedy 4B Corporation is a nonprofit corporation created by the City in 1998 pursuant to the provisions of the *Development Corporation Act of 1979*, as amended (which was originally enacted as Article 5190.6, V.A.T.C.S., and was subsequently codified and now appears in Chapters 501 - 505 of the Texas Local Government Code - collectively, the "Act").

Note 2. Summary of significant accounting policies:

The Kenedy 4B Corporation is governed by a board appointed by the City Council. Although they are legally separate from the City, the Kenedy 4B Corporation is reported as if they are a part of the City's primary government on its audited annual financial report because their primary purpose is to provide services to the citizens of the City. As a governmental type fund funds are accounted for on a spending or "current financial resources" measurement focus and the modified accrual basis of accounting. Accordingly, only current asset and current liabilities are included on the Balance Sheets. The Statement of Revenues, Expenditures and Changes in Fund Balance present increases (revenues and other financing sources) and decreases (expenditures and other financing uses) in net current assets. Under modified accrual basis of accounting, revenues are recognized in the accounting period in which they become both measurable and available to finance expenditures of the current period. Accordingly, revenues are recorded when received in cash. Expenditures are recorded in the accounting period in which they related fund liability is incurred or spent.

The Kenedy 4B Corporation is used to collect sales tax monies to promote new business activity in the City.

Note 3. Capital assets

Capital (fixed) assets are recorded on the financial statements of the City of Kenedy.

Mineral Rights: The following is a list of mineral rights for the Kenedy 4B Corporation as listed at appraised value per the Karnes County Appraisal District and are 2020 Certified Values:

• Young Gas Unit 1 w No B1H	\$ 6,580
• Young Gas Unit 1 w No B2H	26,120
• Kenedy Corp Gas Unit 1w B3H	18,160
• Kenedy Corp Gas Unit 1w B4H	11,370
• Young Gas Unit 1 w No A1H	62,740
• Young Gas Unit 1w No A2H	82,830
• Young Guns Unit 1A3H	18,150
• Young Gas Unit 1w No A4H	53,960
• Young Gas Unit 1w No A5H	125,630
• Young Gas Unit 1 w No C3H	69,930
• Young Gas Unit 1 w C2H	67,900
• Young Gas Unit 1 w No C1H & C4H	<u>32,880</u>
	576,250

KENEDY 4B CORPORATION
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2021

Note 4. Contractual Obligations

A. Project Funding Agreement re: Financing a New Sports Activity Complex. Entered into in Connection with the issuance of City of Kenedy Combination Tax and Revenue Certificates of Obligation Series 2019: This agreement was signed and dated July 1, 2019. The bonds were issued in the name of the City of Kenedy on August 1, 2019.

Terms of Agreement. The term of this Agreement shall become effective from the date on which the City issues and delivers the City Sports Complex COs and shall terminate one business day after the Corporation has transferred to the City sufficient funds to pay the final annual debt service payment on the City Sports Complex COs (or any bonds or obligations issued in the future to refund the City's Sports Complex COs).

Fiscal Year Ended	Debt Service Requirements, Series 2019 Combination Tax and Revenue Bonds		
	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<u>30-Sep</u>			
2022	240,000.00	247,000.00	487,000.00
2023	250,000.00	237,400.00	487,400.00
2024	260,000.00	227,400.00	487,400.00
2025	270,000.00	217,000.00	487,000.00
2026	280,000.00	206,200.00	486,200.00
2027	295,000.00	195,000.00	490,000.00
2028	305,000.00	183,200.00	488,200.00
2029	315,000.00	171,000.00	486,000.00
2030	330,000.00	158,400.00	488,400.00
2031	345,000.00	145,200.00	490,200.00
2032	355,000.00	131,400.00	486,400.00
2033	370,000.00	117,200.00	487,200.00
2034	385,000.00	102,400.00	487,400.00
2035	400,000.00	87,000.00	487,000.00
2036	420,000.00	71,000.00	491,000.00
2037	435,000.00	54,200.00	489,200.00
2038	450,000.00	36,800.00	486,800.00
2038	470,000.00	18,800.00	488,800.00
	<u>6,175,000.00</u>	<u>2,606,600.00</u>	<u>8,781,600.00</u>

KENEDY 4B CORPORATION
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2021

Note 4. Contractual Obligations (Continued)

- B. Development Agreement – HEB Grocery Company, LP** The Kenedy 4B Corporation has the following agreement to reimburse HEB Grocery Company, LP. The total Cost Reimbursement available to HEB for the Public Improvements under the terms of this Agreement shall not exceed one hundred and fifty thousand dollars (\$150,000). The 4B Corporation shall reimburse HEB for its expenses for the Public Improvements up to the Maximum Reimbursement Amount. Annually throughout the Term of this Agreement, 4B Corporation shall pay to HEB one hundred percent (100%) of the Increased Sales Tax Revenues (as defined below) generated at the Property, up to the Maximum Reimbursement Amount. For purposes of this Agreement, *“Increased Sales Tax Revenues” shall mean for any given calendar year the difference between the (x) Sales Tax Revenues minus (y) the Sales Tax Base Line Amount.* As of May 31, 2021 the 4B Corporation has paid HEB a cumulative amount of \$117,882.12 which leaves an unpaid balance of \$ 32,117.88.

KENEDY 4B CORPORATION AGENDA
Regular Meeting: Monday, August 23, 2021

AGENDA ITEM: 6

Discussion and possible action to approve bills for June and July 2021 to be paid for the month.

SUBMITTED BY: City Manager William Linn

REMIT TO: CITY OF KENEDY
303 W. Main St.
Kenedy, Tx. 78119
phone (830) 583-2230
fax (830) 583-2063

Kenedy 4B Corporation
303 W. Main St.
Kenedy, Tx. 78119
(830) 583-2230

S:\Accounting\KENEDY 4B CORP\INVOICE TO CITY may 2021.xlsxjun 2021



INVOICE

DATE: July 31, 2021

INVOICE # 209

BILL TO:

Kenedy 4B Corporation
303 W. Main St.
Kenedy, Tx. 78119
(830) 583-2230

FOR:

July Monthly Accounting;
Sports Complex Reimbursements

REMIT TO:

CITY OF KENEDY
303 W. Main St.
Kenedy, Tx. 78119
phone (830) 583-2230
fax (830) 583-2063

DESCRIPTION	AMOUNT
Bookkeeping Services to the City of Kenedy Month of July 2021	\$1,000.00
Reimburse City of Kenedy for payments to Marshall Company, Ltd	
Pay App 5, Building C at Kiesling Sports Complex	\$84,759.00
Reimburse City of Kenedy for payment to Marshall Company, Ltd	
Pay App 6 Retainage for Building C at Kiesling Sports Complex	14,340.00

SUBTOTAL \$ 100,099.00

SALES TAX

OTHER

TOTAL \$ 100,099.00

Make all checks payable to City of Kenedy
If you have any questions concerning this invoice, contact the
accounting dept at (830) 583-2230,
accountspayable@cityofkenedy.org

THANK YOU !!!

S:\Accounting\KENEDY 4B CORP\INVOICE TO CITY jun 2021.xlsx\july 2021

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO: City of Kennedy (Owner) c/o Jerry Higgins 303 West Main Street Kennedy, TX 78119	PROJECT: Larry Kiesling Youth Sports Complex-Big C	APPLICATION NO: 05	Distribution to: <input type="checkbox"/> OWNER <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> LENDER
FROM: Marshall Company, Ltd. (Contractor) PO Box 4995 Corpus Christi, TX 78469	ARCHITECT: Hanson Professional Services 4501 Golihar Rd Corpus Christi, TX 78411	PERIOD FROM: 6/1/2021 PERIOD TO: 6/30/2021	ARCHITECT'S PROJECT NO:
FOR: Construction		CONTRACT DATE: 1/29/2021	

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM.....	\$ 286,800.00
2. NET CHANGE BY CHANGE ORDERS.....	\$ - 0 -
3. CONTRACT SUM TO DATE (Line 1 + 2).....	\$ 286,800.00
4. TOTAL COMPLETED & STORED TO DATE.....	\$ 286,800.00
(Column G on G703)	
5. RETAINAGE:	
a. 5 % of Completed Work.....	\$ 14,340.00
(Columns D + E on G703)	
b. 5 % of Stored Material.....	\$ - 0 -
(Column F on G703)	
Total Retainage (Line 5a + 5b or Total in Column I of G703).....	\$ 14,340.00
6. TOTAL EARNED LESS RETAINAGE.....	\$ 272,460.00
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate).....	\$ 187,701.00
8. CURRENT PAYMENT DUE.....	\$ 84,759.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6).....	\$ 14,340.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ - 0 -	\$ - 0 -
Total approved this Month	\$ - 0 -	\$ - 0 -
TOTALS	\$ - 0 -	\$ - 0 -
NET CHANGES by Change Orders	\$ - 0 -	

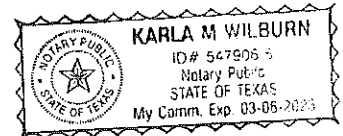
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Marshall Company, Ltd.

By: Michael Dodson
Michael Dodson, President
State of: Texas
County of: Nueces
Subscribed and sworn to before me this
me this 28th day of June, 2021

Date: 6/28/2021

Notary Public: Karla M Wilburn
My Commission expires:



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....
(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Hanson Professional Services

By: _____ Date: _____

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

4B to reimburse City

CONTINUATION SHEET

AIA DOCUMENT G703

Page 2 of 2

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certificate is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 05
APPLICATION DATE: 6/1/2021
PERIOD TO: 6/30/2021
ARCHITECT'S PROJECT NO: 0

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)	H % (G ÷ C)	I BALANCE TO FINISH (C - G)	J RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
10	Performance & Payment Bonds	\$ 5,820.00	\$ 5,820.00			\$ 5,820.00	100%	\$ -	\$ 291.00
20	Temporary Protections	\$ 5,000.00	\$ 2,500.00	\$ 2,500.00		\$ 5,000.00	100%	\$ -	\$ 250.00
30	Termite Treatment	\$ 580.00	\$ 580.00			\$ 580.00	100%	\$ -	\$ 29.00
40	Cast-in-Place Concrete	\$ 7,000.00	\$ 7,000.00			\$ 7,000.00	100%	\$ -	\$ 350.00
50	Cast-in-Place Concrete	\$ 19,000.00	\$ 19,000.00			\$ 19,000.00	100%	\$ -	\$ 950.00
60	Masonry / Cast Stone	\$ 45,500.00	\$ 45,500.00			\$ 45,500.00	100%	\$ -	\$ 2,275.00
70	Masonry Reinforcing Steel	\$ 1,500.00	\$ 1,500.00			\$ 1,500.00	100%	\$ -	\$ 75.00
80	Misc Metals	\$ 1,940.00	\$ 1,940.00			\$ 1,940.00	100%	\$ -	\$ 97.00
90	Rough Carpentry	\$ 2,500.00	\$ 2,500.00			\$ 2,500.00	100%	\$ -	\$ 125.00
100	Hurricane Ties & Accessories	\$ 1,780.00	\$ 1,780.00			\$ 1,780.00	100%	\$ -	\$ 89.00
110	Plywood Decking	\$ 1,800.00	\$ 1,800.00			\$ 1,800.00	100%	\$ -	\$ 90.00
120	Wood Framing	\$ 17,000.00	\$ 17,000.00			\$ 17,000.00	100%	\$ -	\$ 850.00
130	Hardi-Siding / Soffit / Trim	\$ 1,700.00	\$ 1,700.00			\$ 1,700.00	100%	\$ -	\$ 85.00
140	Batt Insulation	\$ 2,300.00	\$ 2,300.00			\$ 2,300.00	100%	\$ -	\$ 115.00
150	Metal Roof Panels	\$ 10,400.00	\$ 10,400.00			\$ 10,400.00	100%	\$ -	\$ 520.00
160	Gutters and Downspouts	\$ 2,680.00		\$ 2,680.00		\$ 2,680.00	100%	\$ -	\$ 134.00
170	Flashing & Sheet Metal	\$ 1,100.00	\$ 220.00	\$ 880.00		\$ 1,100.00	100%	\$ -	\$ 55.00
180	Caulking & Sealants	\$ 2,900.00	\$ 1,160.00	\$ 1,740.00		\$ 2,900.00	100%	\$ -	\$ 145.00
190	HM / Doors / Frames	\$ 3,800.00		\$ 3,800.00		\$ 3,800.00	100%	\$ -	\$ 190.00
200	Install HM Doors / Frames	\$ 1,400.00		\$ 1,400.00		\$ 1,400.00	100%	\$ -	\$ 70.00
210	Install Finish Hardware	\$ 760.00		\$ 760.00		\$ 760.00	100%	\$ -	\$ 38.00
220	Windows	\$ 11,600.00		\$ 11,600.00		\$ 11,600.00	100%	\$ -	\$ 580.00
230	Floor Finishes - Rubber Base	\$ 1,080.00		\$ 1,080.00		\$ 1,080.00	100%	\$ -	\$ 54.00
240	Epoxy / Resinous Flooring	\$ 13,000.00		\$ 13,000.00		\$ 13,000.00	100%	\$ -	\$ 650.00
250	Painting	\$ 13,000.00		\$ 13,000.00		\$ 13,000.00	100%	\$ -	\$ 650.00
260	Sealed Concrete	\$ 1,240.00		\$ 1,240.00		\$ 1,240.00	100%	\$ -	\$ 62.00
270	Toilet Partitions	\$ 7,900.00		\$ 7,900.00		\$ 7,900.00	100%	\$ -	\$ 395.00
280	Metal Louvers	\$ 300.00		\$ 300.00		\$ 300.00	100%	\$ -	\$ 15.00
290	Interior Signs	\$ 440.00		\$ 440.00		\$ 440.00	100%	\$ -	\$ 22.00
300	Toilet Accessories	\$ 4,600.00		\$ 4,600.00		\$ 4,600.00	100%	\$ -	\$ 230.00
310	Plumbing	\$ 61,680.00	\$ 39,240.00	\$ 22,440.00		\$ 61,680.00	100%	\$ -	\$ 3,084.00
320	HVAC	\$ 7,500.00		\$ 7,500.00		\$ 7,500.00	100%	\$ -	\$ 375.00
330	Electrical	\$ 28,000.00	\$ 19,840.00	\$ 8,160.00		\$ 28,000.00	100%	\$ -	\$ 1,400.00
TOTALS:		\$ 286,800.00	\$ 181,780.00	\$ 105,020.00	\$ -	\$ 286,800.00	100.0%	\$ -	\$ 14,340.00

0421 Pay App #05 063021.xlsx

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO: City of Kennedy (Owner) c/o Jerry Higgins 303 West Main Street Kennedy, TX 78119	PROJECT: Larry Kieseling Youth Sports Complex-Bldg C	APPLICATION NO.: 06 - RETG	<input type="checkbox"/> Distribution to: <input type="checkbox"/> OWNER <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> LENDER
FROM: Marshall Company, Ltd. (Contractor) PO Box 4995 Corpus Christi, TX 78469	ARCHITECT: Hanson Professional Services 4501 Goliath Rd Corpus Christi, TX 78411	PERIOD FROM: 6/1/2021 PERIOD TO: 6/30/2021	
FOR: Construction		ARCHITECT'S PROJECT NO:	CONTRACT DATE: 1/29/2021

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM.....	\$ 286,800.00
2. NET CHANGE BY CHANGE ORDERS.....	\$ - 0 -
3. CONTRACT SUM TO DATE (Line 1 + 2).....	\$ 286,800.00
4. TOTAL COMPLETED & STORED TO DATE.....	\$ 286,800.00
(Column G on G703)	
5. RETAINAGE:	
a. 0 % of Completed Work.....	\$ - 0 -
(Columns D + E on G703)	
b. 0 % of Stored Material.....	\$ - 0 -
(Column F on G703)	
Total Retainage (Line 5a + 5b or Total in Column I of G703).....	\$ - 0 -
6. TOTAL EARNED LESS RETAINAGE.....	\$ 286,800.00
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate).....	\$ 272,460.00
8. CURRENT PAYMENT DUE.....	\$ 14,340.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6).....	\$ -

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ - 0 -	\$ - 0 -
Total approved this Month	\$ - 0 -	\$ - 0 -
TOTALS	\$ - 0 -	\$ - 0 -
NET CHANGES by Change Orders	\$ - 0 -	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Marshall Company, Ltd.

By: Michael Dodson Date: 6/28/2021

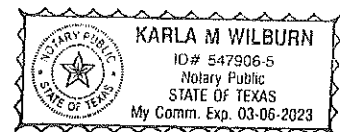
Michael Dodson, President

State of: Texas

County of: Nueces

Subscribed and sworn to before me this
me this 28th day of June, 2021Notary Public: Karla M Wilburn

My Commission expires:



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Hanson Professional Services

By: _____ Date: _____

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Marshall Co. Bldg C
Retainage
due from 4B Corp

CONTINUATION SHEET

AIA DOCUMENT G703

Page 2 of 2

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certificate is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 06 - RETG
 APPLICATION DATE: 6/1/2021
 PERIOD TO: 6/30/2021
 ARCHITECT'S PROJECT NO: 0

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G + C)		
10	Performance & Payment Bonds	\$ 5,820.00	\$ 5,820.00			\$ 5,820.00	100%	\$ -	\$ -
20	Temporary Protections	\$ 5,000.00	\$ 5,000.00			\$ 5,000.00	100%	\$ -	\$ -
30	Termite Treatment	\$ 580.00	\$ 580.00			\$ 580.00	100%	\$ -	\$ -
40	Cast-in-Place Concrete	\$ 7,000.00	\$ 7,000.00			\$ 7,000.00	100%	\$ -	\$ -
50	Cast-in-Place Concrete	\$ 19,000.00	\$ 19,000.00			\$ 19,000.00	100%	\$ -	\$ -
60	Masonry / Cast Stone	\$ 45,500.00	\$ 45,500.00			\$ 45,500.00	100%	\$ -	\$ -
70	Masonry Reinforcing Steel	\$ 1,500.00	\$ 1,500.00			\$ 1,500.00	100%	\$ -	\$ -
80	Misc Metals	\$ 1,940.00	\$ 1,940.00			\$ 1,940.00	100%	\$ -	\$ -
90	Rough Carpentry	\$ 2,500.00	\$ 2,500.00			\$ 2,500.00	100%	\$ -	\$ -
100	Hurricane Ties & Accessories	\$ 1,780.00	\$ 1,780.00			\$ 1,780.00	100%	\$ -	\$ -
110	Plywood Decking	\$ 1,800.00	\$ 1,800.00			\$ 1,800.00	100%	\$ -	\$ -
120	Wood Framing	\$ 17,000.00	\$ 17,000.00			\$ 17,000.00	100%	\$ -	\$ -
130	Hardi-Siding / Soffit / Trim	\$ 1,700.00	\$ 1,700.00			\$ 1,700.00	100%	\$ -	\$ -
140	Batt Insulation	\$ 2,300.00	\$ 2,300.00			\$ 2,300.00	100%	\$ -	\$ -
150	Metal Roof Panels	\$ 10,400.00	\$ 10,400.00			\$ 10,400.00	100%	\$ -	\$ -
160	Gutters and Downspouts	\$ 2,680.00	\$ 2,680.00			\$ 2,680.00	100%	\$ -	\$ -
170	Flashing & Sheet Metal	\$ 1,100.00	\$ 1,100.00			\$ 1,100.00	100%	\$ -	\$ -
180	Caulking & Sealants	\$ 2,900.00	\$ 2,900.00			\$ 2,900.00	100%	\$ -	\$ -
190	HM / Doors / Frames	\$ 3,800.00	\$ 3,800.00			\$ 3,800.00	100%	\$ -	\$ -
200	Install HM Doors / Frames	\$ 1,400.00	\$ 1,400.00			\$ 1,400.00	100%	\$ -	\$ -
210	Install Finish Hardware	\$ 760.00	\$ 760.00			\$ 760.00	100%	\$ -	\$ -
220	Windows	\$ 11,600.00	\$ 11,600.00			\$ 11,600.00	100%	\$ -	\$ -
230	Floor Finishes - Rubber Base	\$ 1,080.00	\$ 1,080.00			\$ 1,080.00	100%	\$ -	\$ -
240	Epoxy / Resinous Flooring	\$ 13,000.00	\$ 13,000.00			\$ 13,000.00	100%	\$ -	\$ -
250	Painting	\$ 13,000.00	\$ 13,000.00			\$ 13,000.00	100%	\$ -	\$ -
260	Sealed Concrete	\$ 1,240.00	\$ 1,240.00			\$ 1,240.00	100%	\$ -	\$ -
270	Toilet Partitions	\$ 7,900.00	\$ 7,900.00			\$ 7,900.00	100%	\$ -	\$ -
280	Metal Louvers	\$ 300.00	\$ 300.00			\$ 300.00	100%	\$ -	\$ -
290	Interior Signs	\$ 440.00	\$ 440.00			\$ 440.00	100%	\$ -	\$ -
300	Toilet Accessories	\$ 4,600.00	\$ 4,600.00			\$ 4,600.00	100%	\$ -	\$ -
310	Plumbing	\$ 61,680.00	\$ 61,680.00			\$ 61,680.00	100%	\$ -	\$ -
320	HVAC	\$ 7,500.00	\$ 7,500.00			\$ 7,500.00	100%	\$ -	\$ -
330	Electrical	\$ 28,000.00	\$ 28,000.00			\$ 28,000.00	100%	\$ -	\$ -
TOTALS:		\$ 286,800.00	\$ 286,800.00	\$ -	\$ -	\$ 286,800.00	100.0%	\$ -	\$ -

0421 Pay App #06-RETG 063021.xlsx

Advertising Statement

Coastal Bend Publishing LLC

1/1

P.O. Box 10
111 N. Washington Street (78102)
Beeville, TX 78104-0010

Phone: (361) 358-2550

Fax: (361) 358-5323

URL: www.mysoutex.com

City of Kenedy
303 W. Main St.
KENEDY, TX 78119

Cust #: 01100512
Phone: (830)583-2230
Date: 08/02/2021
Due Date: 08/22/2021

Date	Trans #	Type	Description	Runs	Columns	Inches	Total
05/06/2021	301277721	INV	K 3x5 Ad	1	3	15.00	200.00
05/13/2021	301278231	INV	K 3x5 Ad	1	3	15.00	200.00
05/27/2021	301278932	INV	K-P&Z-900/902 MAYTAG	1	1	3.67	58.40
06/17/2021	301280826	INV	K-P&Z-106 Crosby/900&902 Mayta	1	1	5.26	86.40
06/24/2021	301281423	INV	K-ADMINISTRATIVE ASSISTANT	1	2	6.00	72.36
06/24/2021	301281425	INV	K-PARKS MAINTENANCE	1	2	7.00	84.42
06/24/2021	301281426	INV	K-ANIMAL CONTROL OFFICER	1	2	7.00	84.42
06/24/2021	301281428	INV	K-STREET MAINTENANCE	1	2	7.00	84.42
07/09/2021	401266884	Check	Payment Check 27894 27894				-870.42
07/22/2021	301283538	INV	K-3x5.5 TIRE DISPOSAL	2	3	16.50	313.50
07/22/2021	301283553	INV	K-2x3.5 P&Z HEARING 8-5	1	2	7.00	66.50
07/22/2021	301283585	INV	K 3x6.5 Kenedy Economic	1	3	19.50	250.00

Remarks

You can now pay online! Paythenewspaper.com

Total Due: \$ 630.00

August 21	July 21	June 21	May 21	April 21	March 21
\$ 630.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

judy@cityofkenedy.org

From: Coastal Bend Publishing <billing@mysoutex.com>
Sent: Monday, August 2, 2021 3:32 PM
To: judy@cityofkenedy.org
Subject: ROP Ad #00241361 Order Confirmation

City of Kenedy
4B Corporation
303 W. Main St.
KENEDY, TX 78119
(830)583-2230

This notice serves as your receipt for ROP Ad #00241361.

Your Ad will run 1 times beginning on 7/22/21.

Insertion Cost: \$250.00

Adjustment Cost: \$0.00

Net Cost: \$250.00

Prepaid Cost: \$0.00

Amount Due: \$250.00

Thank you for your business.

KENEDY 4B CORPORATION AGENDA
Regular Meeting: Monday, August 23, 2021

AGENDA ITEM: 7

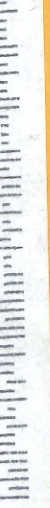
Discussion and possible action to award grant(s) on applications received for the COVID-19 Small Business Assistance Grant 2020/2021 for small businesses adversely affected by COVID 19 pandemic.

SUBMITTED BY: City Secretary Ruby Beaven



Gloria's Restaurant
Attn: Gloria Dela Garza
436 N. Sunset Strip
Kenedy, TX 78119

RECEIVED
JUL 20 2021
4/17/2021
D.H.



Kenedy 4B Economic Development Corporation Covid-19 Small Business Assistance Grant 2020/2021

Purpose

In response to the adverse economic impact of the coronavirus pandemic, the Kenedy 4B Economic Development Corporation with the support of the City of Kenedy City Council has developed a Small Business Assistance Grant Program. This program will provide up to \$6,500 to eligible Small Businesses that generate sales tax within Kenedy that have been significantly impacted by the coronavirus pandemic.

Eligible Expenses

Expenses that are allowed under the program include:

- Rent or Mortgage payments
- Expenses related to Employees (salaries, insurance, paid time off benefits, etc.)
- Utilities (electricity, phone (landline only), internet, natural gas, etc.)
- Expenses related to cleaning supplies and materials purchased to facilitate protecting customers/employees from contracting/spreading the novel coronavirus.
- Expenses incurred as a result of the purchase of materials or supplies necessary to offer alternative ways to engage consumers (curbside service, delivery, shipping, etc.)

Minimum Criteria to Qualify

- Must be registered with the Texas Comptroller's Office as a sales tax revenue generating business for the City of Kenedy.
- Must have a physical and publicly accessible location within the City of Kenedy city limits (No homebased businesses, franchises, or national chains).
- Must be a City of Kenedy Utility Customer and must be in good standing with the City of Kenedy (water, wastewater).
- Must not be delinquent on any property, sales, or hotel-motel tax to the City of Kenedy.
- Must be in good standing with the City of Kenedy regarding all licensing and permits.
- Must have experienced a decline in revenue, or, a decline in employment, or, both as a direct result of the coronavirus pandemic.
- Must provide financial records and other relevant documentation requested by the City of Kenedy 4B Economic Development Corporation.
- Must be engaged in activities that are legal under City and State law within the following industries:
 - Retail (storefront)
 - Restaurant/food
 - Personal care (barber shop, nail salons, spa, dry cleaner, etc.)
 - Art galleries and performing arts venues,
 - Businesses within the hotel/motel or RV park classification.

Kenedy 4B Economic Development Corporation COVID-19 Small Business Assistance Grant 2020/2021

APPLICATION

Review Process

Applications will be reviewed internally by the Kenedy 4B Economic Development Corporation Board. The Board will accept applications on a rolling basis. Applications will be reviewed in the order in which they were received. All applications must include a signed W-9 form and any supporting documentation. Applicants will receive notification of their application status within 7-10 business days after the board meets and a vote is rendered. Payments will be made directly to businesses awarded grants and are to be utilized for eligible expenses. Grants awarded to businesses will not exceed \$6,500.

Applicant Information

First/Last Name of Applicant: Gloria Dela Garza
 Name of Business: Gloria's Restaurant
 Business Address: 436 N. Sunset Strip, Kenedy Tx 78119
 Phone: 583-9157 Email: 4gloriadlg@gmail.com
 Name of Business Owner(s): Gloria Dela Garza
 Number of business locations: 1
 Business Type: Restaurant - family dining NAICS Code: 722511
 Business Disaster/Interruption Insurance: Yes ☐ No ☒

Business Ownership

Number of Years in Business: 29 Tax ID # 74-2717298
 Entity Name: Gloria's Restaurant

The Request for Taxpayer Identification Number and Certification Form W-9 is required.

Completed W-9 Attached: ☒ Yes ☐ No

Personnel

Please describe how many employees you employed prior to the impact; how many you currently have and how many you anticipate in the future as a result of COVID-19.

How many employees did you have on March 1, 2020?	Full time: <u>2</u>	Part time: <u> </u>
How many do you currently have as of application date?	Full time: <u>2</u>	Part time: <u> </u>
How many do you anticipate in 30 days from application date?	Full time: <u>2</u>	Part time: <u> </u>

Please attach any supporting documentation.

Business Impacts

- | | |
|--|--|
| <input checked="" type="checkbox"/> Business closure - Temporary | <input checked="" type="checkbox"/> Inability to respond to home delivery requests |
| <input checked="" type="checkbox"/> Reduced hours of operation | <input checked="" type="checkbox"/> Interrupted supply/deliveries from vendors |
| <input type="checkbox"/> Employee layoffs/furloughs | <input checked="" type="checkbox"/> Inability to serve customers |
| <input checked="" type="checkbox"/> Revenue decline | <input checked="" type="checkbox"/> Decreased customers |
| <input type="checkbox"/> Increased operating costs (i.e. salaries, insurance, paid leave) | |
| <input checked="" type="checkbox"/> Restricted access to capital to address increased costs | |
| <input type="checkbox"/> Revenue generating events canceled (i.e. expos, classes, markets, etc.) | |

RevenueRevenue January 1, 2019 - April 30, 2019: 24,459Revenue January 1, 2020 - April 30, 2020: 21,291

If your business was not open in 2019, please put N/A. _____

Please attach supporting documentation for revenue details for January 1, 2019 - April 30, 2019 and January 1, 2020 - April 30, 2020. In addition, the Income Statements for 2019 and 2020 are required.

Income Statement for 2019 Attached: ☒ Yes ☐ No
 Income Statement for 2020 Attached: ☒ Yes ☐ No

Use of Funds

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

- ☐ Rent/mortgage payment
- ☒ Employee support (salaries, insurance, paid leave)
- ☒ Utilities (i.e. electricity, phone, internet, etc.)
- ☒ Purchase of COVID-19 supplies for business protection/cleaning.
- ☒ Expenses associated with increased material costs from suppliers or alternate suppliers.
- ☐ Expenses associated with marketing the business (if currently open) and/or reopening the business if temporarily closed.
- ☐ Purchase of supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)

Financial Assistance (Currently pending or received)

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

Paycheck Protection Program (PPP)	Amount awarded	<u>2313.75</u>
Economic Injury Disaster Loan (EIDL)	Amount awarded	<u>-0- None Available</u>
Emergency Economic Injury Grant	Amount awarded	<u>-0- Not Available</u>
Small Business Debt Relief Program	Amount awarded	<u>-0- No Debt</u>
Employee Retention Tax Credit	Amount awarded	<u>-0-</u>
Other: _____	Amount awarded	_____

If not, why not? _____

Please attach any supporting documentation

Acknowledgements/Signature

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.

- ☒ I affirm that my business has experienced or projected to experience a decline in employment as a result of the COVID-19 Pandemic.
- ☒ I affirm that my business has a publicly accessible location within the City of Kenedy city limits.
- ☒ I affirm that my business is a City of Kenedy utility customer (Water and/or Wastewater).
- ☒ I affirm this business is in good standing with the City of Kenedy with respect to licensing, permits and utility payments.
- ☒ I affirm this business is not in arrears on any property, sales, or hotel-motel tax payments to the City of Kenedy.
- ☒ I affirm my business is engaged in activities that are legal under city and state law.
- ☒ The Tax ID, Entity Name, File Number assigned by the Texas Secretary of State when registering my business is accurately listed on this application.
- ☒ I have attached all financial records and other relevant documents to support this grant request.
- ☒ I affirm that under the penalty of perjury any false or misleading information discovered during the initial review process or any subsequent review or audit process, will result in the application being declined or reimbursement to the Kenedy 4B Economic Development Corporation of any funds disbursed on my/my entity's behalf. **(This box must be checked or the application is considered incomplete and will be automatically denied.)**

Business Legal Name: Gloria's Restaurant
 Signature: Gloria de la Garza
 Title: Owner Date: 7/20/2021

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Gloria Dela Garza	
2 Business name/disregarded entity name, if different from above Gloria's Restaurant	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 436 N Sunset Strip	Requester's name and address (optional)
6 City, state, and ZIP code Kenedy Tx 78119	
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 5 - 1 5 - 8 4 2 4	
or	
Employer identification number	
7 4 - 2 7 1 7 2 9 8	

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►

Gloria de la Garza

Date ►

7-20-2021

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

By signing the filled-out form, you:

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

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article,

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

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

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if Item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Sales and Use Tax

Original Return for Period Ending 01/31/2019 (1901)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number: 5019250252
Date and Time of Filing: 02/19/2019 07:12:29 PM

Taxpayer ID: 32007726204
Taxpayer Name: GLORIA DELA GARZA
Taxpayer Address: 436 N SUNSET STRIP ST KENEDY, TX 78119 - 2010

Entered by: Gloria DeLa Garza
Email Address: karenroberts189@gmail.com
Telephone Number: (830) 534-8973
IP Address: 99.197.125.132

Credits Taken		Taking Credit?
Are you taking credit to reduce taxes due on this return?		No
Licensed Customs Broker Exported Sales		Refund Sales Tax?
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?		No

Loc #	Total Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00002	6,469	6,469	0	6,469	404.31	6,469	.02000	129.38
Total Tax Due								533.69

Total Tax Due: = 533.69
Timely Filing Discount: - 2.67
Balance Due: = 531.02
Pending Payments: - 0.00
Total Amount Due and Payable: = 531.02
 (State amount due is 402.29)
 (Local amount due is 128.73)

Payment Summary

State Amount: 402.29
Local Amount: 128.73
Amount to Pay: \$531.02
Electronic Check: \$531.02

Payment Reference Number: 5019250251
Trace Number: 33008065
Type of Bank Account: CHECKING
Accountholder Name: Karen Walston
Bank Routing Number: 111906271
Bank Account Number: *****6918
Payment Effective Date: 02/19/2019

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Sales and Use Tax

Original Return for Period Ending 02/28/2019 (1902)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number: 7819082795

Date and Time of Filing: 03/19/2019 09:42:14 AM

Taxpayer ID: 32007726204

Taxpayer Name: GLORIA DELA GARZA

Taxpayer Address: 436 N SUNSET STRIP ST KENEDY , TX 78119 - 2010

Entered by: Gloria DeLa Garza

Email Address: karenroberts189@gmail.com

Telephone Number: (830) 534-8973

IP Address: 99.197.125.132

Credits Taken

Are you taking credit to reduce taxes due on this return?

Taking Credit?
No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on Items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?

Refund Sales Tax?
No

#	Total Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00002	5,029	5,029	0	5,029	314.31	5,029	.02000	100.58
Total Tax Due								414.89

Total Tax Due: = 414.89

Timely Filing Discount: - 2.07

Balance Due: = 412.82

Pending Payments: - 0.00

Total Amount Due and Payable: = 412.82

(State amount due is 312.74)

(Local amount due is 100.08)

Payment Summary

State Amount: 312.74

Local Amount: 100.08

Amount to Pay: \$412.82

Electronic Check: \$412.82

Payment Reference Number: 7819082792

Trace Number: 33222080

Type of Bank Account: CHECKING

Accountholder Name: Karen Roberts Walston

Bank Routing Number: 111906271

Bank Account Number: *****6918

Payment Effective Date: 03/19/2019

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Sales and Use Tax

Original Return for Period Ending 03/31/2019 (1903)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.**Print this page for your records.****Reference Number:** 10719111676**Date and Time of Filing:** 04/17/2019 01:09:11 PM**Taxpayer ID:** 32007726204**Taxpayer Name:** GLORIA DELA GARZA**Taxpayer Address:** 436 N SUNSET STRIP ST KENEDY , TX 78119 - 2010**Entered by:** Gloria DeLa Garza**Email Address:** karenroberts189@gmail.com**Telephone Number:** (830) 534-8973**IP Address:** 107.77.220.188

Credits Taken									
Are you taking credit to reduce taxes due on this return?									Taking Credit? No
Licensed Customs Broker Exported Sales									
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?									Refund Sales Tax? No
#	Total Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due	
00002	6,479	6,479	0	6,479	404.94	6,479	.02000	129.58	
Total Tax Due									534.52

Total Tax Due: = 534.52**Timely Filing Discount: - 2.67****Balance Due: = 531.85****Pending Payments: - 0.00****Total Amount Due and Payable: = 531.85***(State amount due is 402.92)**(Local amount due is 128.93)***Payment Summary****State Amount:** 402.92**Local Amount:** 128.93**Amount to Pay:** \$531.85**Electronic Check:** \$531.85**Payment Reference Number:** 10719111671**Trace Number:** 33479199**Type of Bank Account:** CHECKING**Accountholder Name:** Karen Walston**Bank Routing Number:** 111906271**Bank Account Number:** *****6918**Payment Effective Date:** 04/17/2019

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Sales and Use Tax

Original Return for Period Ending 04/30/2019 (1904)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number: 13919005435

Date and Time of Filing: 05/19/2019 02:47:00 PM

Taxpayer ID: 32007726204

Taxpayer Name: GLORIA DELA GARZA

Taxpayer Address: 436 N SUNSET STRIP ST KENEDY, TX 78119 - 2010

Entered by: Gloria DeLa Garza

Email Address: karenroberts189@gmail.com

Telephone Number: (830) 534-8973

IP Address: 99.197.125.132

Credits Taken									
Are you taking credit to reduce taxes due on this return?									Taking Credit? No
Licensed Customs Broker Exported Sales									
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?									Refund Sales Tax? No

c #	Total Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00002	6,482	6,482	0	6,482	405.13	6,482	.02000	129.64
Total Tax Due								534.77

Total Tax Due: = 534.77

Timely Filing Discount: - 2.68

Balance Due: = 532.09

Pending Payments: - 0.00

Total Amount Due and Payable: = 532.09

(State amount due is 403.10)

(Local amount due is 128.99)

Payment Summary

State Amount: 403.10

Local Amount: 128.99

Amount to Pay: \$532.09

Electronic Check: \$532.09

Payment Reference Number: 13919005434

Trace Number: 33861564

Type of Bank Account: CHECKING

Accountholder Name: Karen Walston

Bank Routing Number: 111906271

Bank Account Number: *****6918

Payment Effective Date: 05/19/2019

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Sales and Use Tax

Original Return for Period Ending 01/31/2020 (2001)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.**Reference Number:** 4920209047**Date and Time of Filing:** 02/18/2020 05:28:07 PM**Taxpayer ID:** 32007726204**Taxpayer Name:** GLORIA DELA GARZA**Taxpayer Address:** 436 N SUNSET STRIP ST KENEDY , TX 78119 - 2010**Entered by:** Gloria DeLa Garza**Email Address:** karenroberts189@gmail.com**Telephone Number:** (830) 534-8973**IP Address:** 99.197.125.132

Credits Taken									
Are you taking credit to reduce taxes due on this return?									Taking Credit? No
Licensed Customs Broker Exported Sales									
Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?									Refund Sales Tax? No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00002	6,376	6,376	0	6,376	398.50	6,376	.02000	127.52
Total Tax Due								526.02

Total Tax Due: = 526.02**Timely Filing Discount:** - 2.63**Balance Due:** = 523.39**Pending Payments:** - 0.00**Total Amount Due and Payable:** = 523.39

(State amount due is 396.51)

(Local amount due is 126.88)

Payment Summary**State Amount:** 396.51**Local Amount:** 126.88**Amount to Pay:** \$523.39**Electronic Check:** \$523.39**Payment Reference Number:** 4920209043**Trace Number:** 36289419**Type of Bank Account:** CHECKING**Accountholder Name:** Gloria's Restaurant**Bank Routing Number:** 111900659**Bank Account Number:** *****2282**Payment Effective Date:** 02/18/2020
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Sales and Use Tax

Original Return for Period Ending 02/29/2020 (2002)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.**Print this page for your records.**

Reference Number: 7920091420

Date and Time of Filing: 03/19/2020 11:02:38 AM

Taxpayer ID: 32007726204

Taxpayer Name: GLORIA DELA GARZA

Taxpayer Address: 436 N SUNSET STRIP ST KENEDY, TX 78119 - 2010

Entered by: Gloria DeLa Garza

Email Address: karenroberts189@gmail.com

Telephone Number: (830) 534-8973

IP Address: 99.197.125.132

Credits Taken

Are you taking credit to reduce taxes due on this return?

Taking Credit?

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?

Refund Sales

Tax?

No

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00002	6,540	6,540	0	6,540	408.75	6,540	.02000	130.80
Total Tax Due								539.55

Total Tax Due: = 539.55**Timely Filing Discount: - 2.69****Balance Due: = 536.86****Pending Payments: - 0.00****Total Amount Due and Payable: = 536.86**

(State amount due is 406.71)

(Local amount due is 130.15)

Payment Summary

State Amount: 406.71

Local Amount: 130.15

Amount to Pay: \$536.86

Electronic Check: \$536.86

Payment Reference Number: 7920091415

Trace Number: 36548316

Type of Bank Account: CHECKING

Accountholder Name: Gloria's Restaurant

Bank Routing Number: 111900659

Bank Account Number: *****2282

Payment Effective Date: 03/19/2020

[Print](#) | [Return to Menu](#) | [File for Another Taxpayer](#)

Sales and Use Tax

Original Return for Period Ending 03/31/2020 (2003)

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number: 11120246016

Date and Time of Filing: 04/20/2020 04:51:59 PM

Taxpayer ID: 32007726204

Taxpayer Name: GLORIA DELA GARZA

Taxpayer Address: 436 N SUNSET STRIP ST KENEDY , TX 78119 - 2010

Entered by: Gloria DeLa Garza

Email Address: karenroberts189@gmail.com

Telephone Number: (830) 534-8973

IP Address: 99.197.125.132

Credits Taken

 you taking credit to reduce taxes due on this return?

Taking Credit:
N

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certification?

Refund Sales Tax:
N

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00002	4,954	4,952	0	4,952	309.50	4,952	.02000	99.04
Total Tax Due								408.54

Total Tax Due: = 408.54
Timely Filing Discount: - 2.00
Balance Due: = 406.49
Pending Payments: - 0.00

Total Amount Due and Payable: = 406.49

(State amount due is 307.95)

(Local amount due is 98.54)

Payment Summary

State Amount: 307.95

Local Amount: 98.54

Amount to Pay: \$406.49

Electronic Check: \$406.49

Payment Reference Number: 11120246002

Trace Number: 36869961

Type of Bank Account: CHECKING

Accountholder Name: Gloria's Restaurant Gloria De La Garza

Bank Routing Number: 111900659

← Back

Sales and Use Tax

Taxpayer: 32007726204, GLORIA DELA GARZA
Address: 436 N SUNSET STRIP ST, KENEDY TX 78119-2010
Tax Type: Sales and Use Tax

Return Summary Original Return for Period Ending 04/30/2020 (2004)

CREDITS TAKEN

Credits Taken

Are you taking credit to reduce taxes due on this return?

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licensed Customs Broker Export Certifications?

No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00002	3,421	3,421	0	3,421	213.81	3,421	0.02000	68.42
SubTotal	3,421	3,421	0	3,421	213.81	3,421		68.42

Total Tax for Locations

\$282.23

Total Tax Due: \$282.23

Prior Payments: - \$280.82

Timely Filing Discount: - \$1.41

Balance Due: \$0.01

Pending Payments: - \$0.00

Total Amount Due and Payable: \$0.01

(State amount due is \$0.01)

(Local amount due is \$0.00)

Gloria Dela Garza
DBA Gloria's Restaurant
Income Statement
For the year ended December 31, 2019

Revenue

Sales \$ 74,701.00

Cost of Goods Sold (15,526.00)

Total Income 59,175.00

Expenses

Advertising 1,363.00

Contract Labor 150.00

Depreciation Expense 2,348.00

Insurance 1,799.00

Office Expense 48.00

Other Operating Expenses 11,605.00

Professional Fees 375.00

Rent 1,823.00

Repairs 391.00

Supplies 3,768.00

Taxes 7,990.00

Utilities 15,522.00

Wages 9,606.00

Total Expenses 56,788.00

Net Income \$ 2,387.00

Gloria Dela Garza
DBA Gloria's Restaurant
Income Statement
For the year ended December 31, 2020

Revenue

Sales \$ 67,978.00

Cost of Goods Sold (21,520.00)

Total Income 46,458.00

Expenses

Advertising 3,510.00

Depreciation Expense 3,345.00

Insurance 2,066.00

Office Expense 73.00

Other Operating Expenses 10,104.00

Professional Fees 710.00

Repairs 2,800.00

Taxes 2,596.00

Utilities 13,750.00

Wages 9,425.00

Total Expenses 48,379.00

Net Income (Loss) \$ (1,921.00)

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2021) Department of the Treasury — Internal Revenue Service

950121
OMB No. 1545-0029

Employer Identification number (EIN) **74-2717298**

Name (not your trade name) **Gloria Dela Garza**

Trade name (if any) **Gloria's Restaurant**

Address **436 N Sunset Strip**
Number Street Suite or room number

Kenedy **TX** **78119-2010**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2021
(Check one.)

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December
- Go to www.irs.gov/Form941 for instructions and the latest information.

REV 03/18/21 QBDT

FILE
COPY

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	2,356.25
3	Federal income tax withheld from wages, tips, and other compensation	3	91.00
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 2,356.25	$\times 0.124 =$	292.18
5a	(i) Qualified sick leave wages	$\times 0.062 =$	
5a	(ii) Qualified family leave wages	$\times 0.062 =$	
5b	Taxable social security tips	$\times 0.124 =$	
5c	Taxable Medicare wages & tips. 2,356.25	$\times 0.029 =$	68.33
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	360.51
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	451.51
7	Current quarter's adjustment for fractions of cents	7	-0.07
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	451.44
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

Next ►

Form **941** (Rev. 3-2021)

950221

Name (not your trade name)

Gloria Dela Garza

Employer identification number (EIN)

74-2717298

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 Reserved for future use 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 and refundable credits. Add lines 13a, 13c, and 13d 13e
- 13f Total advances received from filing Form(s) 7200 for the quarter 13f
- 13g Total deposits 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 03/18/21 QBDT

Next ▶

950921

Name (not your trade name)

Gloria Dela Garza

Employer identification number (EIN)

74-2717298

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 Reserved for future use 24
- 25 Reserved for future use 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

Connie S Smart

(830) 239-4226

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

69805

☐ No.

REV 03/18/21 QBDT

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

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

X

Sign your name here

Print your name here

Gloria Dela Garza

Print your title here

Owner

Date

Best daytime phone

(830) 583-9157

Paid Preparer Use OnlyCheck if you're self-employed . . . ☒

Preparer's name

Connie S Smart

PTIN

P00366599

Preparer's signature

Connie S. Smart CPA

Date

4-28-2021

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

Connie S Smart, CPA

EIN

41-2033987

Address

PO Box 590

Phone

(830) 239-4226

City

Runge

State

TX

ZIP code

78151

Small Business Assistance Grant

RECEIVED JUL 24 2001
RECEIVED JUL 20 2001 5:30 pm
DB

Kenedy 4B Economic Development Corporation COVID-19 Small Business Assistance Grant 2020/2021

APPLICATION

Review Process

Applications will be reviewed internally by the Kenedy 4B Economic Development Corporation Board. The Board will accept applications on a rolling basis. Applications will be reviewed in the order in which they were received. All applications must include a signed W-9 form and any supporting documentation. Applicants will receive notification of their application status within 7-10 business days after the board meets and a vote is rendered. Payments will be made directly to businesses awarded grants and are to be utilized for eligible expenses. Grants awarded to businesses will not exceed \$6,500.

Applicant Information

First/Last Name of Applicant: MARCELYNO JARINS JR.
 Name of Business: HANKY PANKY PARTY HOUSE
 Business Address: 120.5 1st
 Phone: 830-583-6731 Email: MARCELYNO.JARINS.53@gmail.com
 Name of Business Owner(s): MARCELYNO JARINS JR.
 Number of business locations: 1
 Business Type: BAR & ENTERTAINMENT NAICS Code: 722410
 Business Disaster/Interruption Insurance: Yes ☐ No ☒

Business Ownership

Number of Years in Business: 12 01/01/2009 Tax ID # 3-20096-9280-0
 Entity Name: HANKY PANKY PARTY HOUSE
 The Request for Taxpayer Identification Number and Certification Form W-9 is required.
 Completed W-9 Attached: Yes ☐ No ☒

Personnel

Please describe how many employees you employed prior to the impact; how many you currently have and how many you anticipate in the future as a result of COVID-19.

How many employees did you have on March 1, 2020?	Full time: <u>2</u>	Part time: <u>2</u>
How many do you currently have as of application date?	Full time: <u>2</u>	Part time: <u>2</u>
How many do you anticipate in 30 days from application date?	Full time: <u>2</u>	Part time: <u>1</u>

Please attach any supporting documentation.

Business Impacts

- | | |
|---|--|
| <input checked="" type="checkbox"/> Business closure - Temporary | <input checked="" type="checkbox"/> Inability to respond to home delivery requests |
| <input checked="" type="checkbox"/> Reduced hours of operation | <input checked="" type="checkbox"/> Interrupted supply/deliveries from vendors |
| <input checked="" type="checkbox"/> Employee layoffs/furloughs | <input checked="" type="checkbox"/> Inability to serve customers |
| <input checked="" type="checkbox"/> Revenue decline | <input checked="" type="checkbox"/> Decreased customers |
| <input checked="" type="checkbox"/> Increased operating costs (i.e. salaries, insurance, paid leave) | |
| <input checked="" type="checkbox"/> Restricted access to capital to address increased costs | |
| <input checked="" type="checkbox"/> Revenue generating events canceled (i.e. expos, classes, markets, etc.) | |

Revenue

Revenue January 1, 2019 - April 30, 2019: About \$24,000

Revenue January 1, 2020 - April 30, 2020: \$8,000

If your business was not open in 2019, please put N/A. _____

Please attach supporting documentation for revenue details for January 1, 2019 - April 30, 2019 and January 1, 2020 - April 30, 2020. In addition, the Income Statements for 2019 and 2020 are required.

Income Statement for 2019 Attached:	Yes	No
Income Statement for 2020 Attached:	Yes	No

Use of Funds

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

- ☐ Rent/mortgage payment
- ☒ Employee support (salaries, insurance, paid leave)
- ☒ Utilities (i.e. electricity, phone, internet, etc.)
- ☒ Purchase of COVID-19 supplies for business protection/cleaning.
- ☒ Expenses associated with increased material costs from suppliers or alternate suppliers.
- ☒ Expenses associated with marketing the business (if currently open) and/or reopening the business if temporarily closed.
- ☒ Purchase of supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)

Financial Assistance (Currently pending or received)

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

YES - NO HELP

Paycheck Protection Program (PPP)	Amount awarded	<u>0</u>
Economic Injury Disaster Loan (EIDL)	Amount awarded	<u>0</u>
Emergency Economic Injury Grant	Amount awarded	<u>0</u>
Small Business Debt Relief Program	Amount awarded	<u>0</u>
Employee Retention Tax Credit	Amount awarded	<u>0</u>
Other: _____	Amount awarded	<u>0</u>

If not, why not? They only help the Rich.

Please attach any supporting documentation

Acknowledgements/Signature

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.

- ☒ I affirm that my business has experienced or projected to experience a decline in employment as a result of the COVID-19 Pandemic.
- ☒ I affirm that my business has a publicly accessible location within the City of Kenedy city limits.
- ☒ I affirm that my business is a City of Kenedy utility customer (Water and/or Wastewater).
- ☒ I affirm this business is in good standing with the City of Kenedy with respect to licensing, permits and utility payments.
- ☒ I affirm this business is not in arrears on any property, sales, or hotel-motel tax payments to the City of Kenedy.
- ☒ I affirm my business is engaged in activities that are legal under city and state law.
- ☒ The Tax ID, Entity Name, File Number assigned by the Texas Secretary of State when registering my business is accurately listed on this application.
- ☒ I have attached all financial records and other relevant documents to support this grant request.
- ☒ I affirm that under the penalty of perjury any false or misleading information discovered during the initial review process or any subsequent review or audit process, will result in the application being declined or reimbursement to the Kenedy 4B Economic Development Corporation of any funds disbursed on my/my entity's behalf. **(This box must be checked or the application is considered incomplete and will be automatically denied.)**

Business Legal Name: HANKY PANKY Party House

Signature: [Signature]

Title: Owner Date: July 26-21

RECEIVED JUL 30 2021
Det 1:46pm

Rodriguez Remodeling
Grant Application

Kenedy 4B Economic Development Corporation Covid-19 Small Business Assistance Grant 2020/2021

Purpose

In response to the adverse economic impact of the coronavirus pandemic, the Kenedy 4B Economic Development Corporation with the support of the City of Kenedy City Council has developed a Small Business Assistance Grant Program. This program will provide up to \$6,500 to eligible Small Businesses that generate sales tax within Kenedy that have been significantly impacted by the coronavirus pandemic.

Eligible Expenses

Expenses that are allowed under the program include:

- Rent or Mortgage payments
- Expenses related to Employees (salaries, insurance, paid time off benefits, etc.)
- Utilities (electricity, phone (landline only), internet, natural gas, etc.)
- Expenses related to cleaning supplies and materials purchased to facilitate protecting customers/employees from contracting/spreading the novel coronavirus.
- Expenses incurred as a result of the purchase of materials or supplies necessary to offer alternative ways to engage consumers (curbside service, delivery, shipping, etc.)

Minimum Criteria to Qualify

- Must be registered with the Texas Comptroller's Office as a sales tax revenue generating business for the City of Kenedy.
- Must have a physical and publicly accessible location within the City of Kenedy city limits (No homebased businesses, franchises, or national chains).
- Must be a City of Kenedy Utility Customer and must be in good standing with the City of Kenedy (water, wastewater).
- Must not be delinquent on any property, sales, or hotel-motel tax to the City of Kenedy.
- Must be in good standing with the City of Kenedy regarding all licensing and permits.
- Must have experienced a decline in revenue, or, a decline in employment, or, both as a direct result of the coronavirus pandemic.
- Must provide financial records and other relevant documentation requested by the City of Kenedy 4B Economic Development Corporation.
- Must be engaged in activities that are legal under City and State law within the following industries:
 - Retail (storefront)
 - Restaurant/food
 - Personal care (barber shop, nail salons, spa, dry cleaner, etc.)
 - Art galleries and performing arts venues,
 - Businesses within the hotel/motel or RV park classification.

Kenedy 4B Economic Development Corporation COVID-19 Small Business Assistance Grant 2020/2021

APPLICATION

Review Process

Applications will be reviewed internally by the Kenedy 4B Economic Development Corporation Board. The Board will accept applications on a rolling basis. Applications will be reviewed in the order in which they were received. All applications must include a signed W-9 form and any supporting documentation. Applicants will receive notification of their application status within 7-10 business days after the board meets and a vote is rendered. Payments will be made directly to businesses awarded grants and are to be utilized for eligible expenses. Grants awarded to businesses will not exceed \$6,500.

Applicant Information

First/Last Name of Applicant: Antonio Rodriguez
 Name of Business: Rodriguez Remodelling
 Business Address: 371 Banks Street, Kenedy, TX 78119
 Phone: (830)299-0600 Email: _____
 Name of Business Owner(s): Antonio Rodriguez
 Number of business locations: 1
 Business Type: Remodeling / construction NAICS Code: n/a
 Business Disaster/Interruption Insurance: Yes ☐ No ☒

Business Ownership

Number of Years in Business: 10 Tax ID # 463-61-4001
 Entity Name: Rodriguez Remodeling
 The Request for Taxpayer Identification Number and Certification Form W-9 is required.
 Completed W-9 Attached: ☒ Yes ☐ No

Personnel

Please describe how many employees you employed prior to the impact; how many you currently have and how many you anticipate in the future as a result of COVID-19.

How many employees did you have on March 1, 2020?	Full time: <u>2</u>	Part time: <u>0</u>
How many do you currently have as of application date?	Full time: <u>2</u>	Part time: <u>0</u>
How many do you anticipate in 30 days from application date?	Full time: <u>2</u>	Part time: <u>0</u>

Please attach any supporting documentation.

Business Impacts

- | | |
|--|--|
| <input checked="" type="checkbox"/> Business closure - Temporary | <input type="checkbox"/> Inability to respond to home delivery requests |
| <input checked="" type="checkbox"/> Reduced hours of operation | <input checked="" type="checkbox"/> Interrupted supply/deliveries from vendors |
| <input type="checkbox"/> Employee layoffs/furloughs | <input checked="" type="checkbox"/> Inability to serve customers |
| <input checked="" type="checkbox"/> Revenue decline | <input type="checkbox"/> Decreased customers |
| <input type="checkbox"/> Increased operating costs (i.e. salaries, insurance, paid leave) | |
| <input type="checkbox"/> Restricted access to capital to address increased costs | |
| <input type="checkbox"/> Revenue generating events canceled (i.e. expos, classes, markets, etc.) | |

Revenue

Revenue January 1, 2019 - April 30, 2019: please see attached

Revenue January 1, 2020 - April 30, 2020: please see attached

If your business was not open in 2019, please put N/A. _____

Please attach supporting documentation for revenue details for January 1, 2019 - April 30, 2019 and January 1, 2020 - April 30, 2020. In addition, the Income Statements for 2019 and 2020 are required.

Income Statement for 2019 Attached:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Income Statement for 2020 Attached:	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Use of Funds

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

- ☐ Rent/mortgage payment
- ☒ Employee support (salaries, insurance, paid leave)
- ☐ Utilities (i.e. electricity, phone, internet, etc.)
- ☐ Purchase of COVID-19 supplies for business protection/cleaning.
- ☒ Expenses associated with increased material costs from suppliers or alternate suppliers.
- ☐ Expenses associated with marketing the business (if currently open) and/or reopening the business if temporarily closed.
- ☐ Purchase of supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)

Financial Assistance (Currently pending or received)

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

Paycheck Protection Program (PPP)	Amount awarded	_____
Economic Injury Disaster Loan (EIDL)	Amount awarded	<u>\$0</u>
Emergency Economic Injury Grant	Amount awarded	<u>\$0</u>
Small Business Debt Relief Program	Amount awarded	<u>\$0</u>
Employee Retention Tax Credit	Amount awarded	<u>\$0</u>
Other: _____	Amount awarded	<u>\$0</u>

If not, why not? n/a

Please attach any supporting documentation

Acknowledgements/Signature

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.

- ☒ I affirm that my business has experienced or projected to experience a decline in employment as a result of the COVID-19 Pandemic.
- ☒ I affirm that my business has a publicly accessible location within the City of Kenedy city limits.
- ☒ I affirm that my business is a City of Kenedy utility customer (Water and/or Wastewater).
- ☒ I affirm this business is in good standing with the City of Kenedy with respect to licensing, permits and utility payments.
- ☒ I affirm this business is not in arrears on any property, sales, or hotel-motel tax payments to the City of Kenedy.
- ☒ I affirm my business is engaged in activities that are legal under city and state law.
- ☐ The Tax ID, Entity Name, File Number assigned by the Texas Secretary of State when registering my business is accurately listed on this application.
- ☒ I have attached all financial records and other relevant documents to support this grant request.
- ☒ I affirm that under the penalty of perjury any false or misleading information discovered during the initial review process or any subsequent review or audit process, will result in the application being declined or reimbursement to the Kenedy 4B Economic Development Corporation of any funds disbursed on my/my entity's behalf. **(This box must be checked or the application is considered incomplete and will be automatically denied.)**

Business Legal Name: Rodriguez Remodeling

Signature: [Signature]

Title: owner Date: 07/30/2021

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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

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

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.
317 Banks St

6 City, state, and ZIP code
Kennedy, TX 78149

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

4	6	3	-	6	1	-	4	0	0	1
---	---	---	---	---	---	---	---	---	---	---

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 ►

Antonio Rodriguez

Date ► **07/30/2021**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

Form **1040**

Department of the Treasury—Internal Revenue Service

(99)

U.S. Individual Income Tax Return**2019**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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

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

Your first name and middle initial Antonio J		Last name Rodriguez	Your social security number 463-61-4001
If joint return, spouse's first name and middle initial Dalia		Last name Rodriguez	Spouse's social security number 455-21-3379
Home address (number and street). If you have a P.O. box, see instructions. 317 Banks St			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Kenedy TX 78119-2809			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Antonio	Rodriguez, III	682-05-1471	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Izaiah	Rodriguez	634-02-3565	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		b Taxable interest. Attach Sch. B if required		1	
2a Tax-exempt interest	2a	b Ordinary dividends. Attach Sch. B if required		2b	24.
3a Qualified dividends	3a	b Taxable amount		3b	
4a IRA distributions	4a	d Taxable amount		4b	
c Pensions and annuities	4c	b Taxable amount		4d	
5a Social security benefits	5a			5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>				6	
7a Other income from Schedule 1, line 9				7a	200,906.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income				7b	200,930.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income				8b	200,930.
9 Standard deduction or itemized deductions (from Schedule A)	9	26,110.			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0.			
11a Add lines 9 and 10				11a	26,110.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	174,820.

Standard Deduction for—
 • Single or Married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

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

Form **1040** (2019)

Form **1040** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **01**

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

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-30,928.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	408,240.
6	Farm income or (loss). Attach Schedule F	6	-176,406.
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	200,906.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

REV 04/05/20 Initial.cgd.sp

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service**Additional Taxes**

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **02**

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

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	15,574.
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	15,574.

Part II Other Taxes

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

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

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Schedule 2 (Form 1040 or 1040-SR) 2019

Form **2210**Department of the Treasury
Internal Revenue Service**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

► Go to www.irs.gov/Form2210 for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, 1040-NR-EZ, or 1041.

OMB No. 1545-0074

2019Attachment
Sequence No. **06**

Name(s) shown on tax return

Antonio J & Dalia Rodriguez

Identifying number

463-61-4001

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B , C , or D in Part II apply?
No		
	No	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.
	Yes	You must figure your penalty.
<p>Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.</p>		

Part I Required Annual Payment

1 Enter your 2019 tax after credits from Form 1040 or Form 1040-SR, line 14 (see instructions if not filing Form 1040 or Form 1040-SR)	1	41,880.
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3 Refundable credits, including the premium tax credit (see instructions)	3	()
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210.	4	41,880.
5 Multiply line 4 by 90% (0.90)	5	37,692.
6 Withholding taxes. Don't include estimated tax payments (see instructions)	6	0.
7 Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210.	7	41,880.
8 Maximum required annual payment based on prior year's tax (see instructions)	8	46,785.
9 Required annual payment. Enter the smaller of line 5 or line 8	9	37,692.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't file Form 2210** unless box **E** below applies.☒ **Yes.** You may owe a penalty, but **don't file Form 2210** unless one or more boxes in Part II below applies.• If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.• If box **A** or **E** applies (but not **B**, **C**, or **D**) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.****Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't file Form 2210.**

- A** ☒ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2018 or 2019, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

For Paperwork Reduction Act Notice, see separate instructions.

BAA

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Form **2210** (2019)

SCHEDULE A
(Form 1040 or 1040-SR)
 (Rev. January 2020)

 Department of the Treasury
 Internal Revenue Service (99)

Itemized Deductions

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019

 Attachment
 Sequence No. **07**
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others. 1 Medical and dental expenses (see instructions) 20,940. 2 Enter amount from Form 1040 or 1040-SR, line 8b 2 200,930. 3 Multiply line 2 by 7.5% (0.075) 15,070. 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	1 20,940. 2 200,930. 3 15,070. 4 5,870.	
Taxes You Paid	5 State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/> b State and local real estate taxes (see instructions) c State and local personal property taxes d Add lines 5a through 5c e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) 6 Other taxes. List type and amount ▶ 7 Add lines 5e and 6	5a 2,212. 5b 528. 5c 5d 2,740. 5e 2,740. 6 7 2,740.	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> a Home mortgage interest and points reported to you on Form 1098. See instructions if limited b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address c Points not reported to you on Form 1098. See instructions for special rules d Mortgage insurance premiums (see instructions) e Add lines 8a through 8d 9 Investment interest. Attach Form 4952 if required. See instructions 10 Add lines 8e and 9	8a 8b 8c 8d 8e 9 10	
Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. 13 Carryover from prior year 14 Add lines 11 through 13	11 17,500. 12 13 14 17,500.	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶	16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>	17 26,110. 18	

SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2019Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

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

Name of proprietor Antonio J Rodriguez		Social security number (SSN) 463-61-4001
A	Principal business or profession, including product or service (see instructions) Remodeling	B Enter code from instructions ▶ 2 3 6 1 0 0
C	Business name. If no separate business name, leave blank. Rodriguez Remodeling	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) ▶ 317 Banks St City, town or post office, state, and ZIP code Kenedy, TX 78119-2809	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2019, check here . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
I	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	1	413,895.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	413,895.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	413,895.
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	413,895.

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	8,955.	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	229,326.	a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	2,740.	21	Repairs and maintenance	22	201,704.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		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	2,098.
17	Legal and professional services			25	Utilities	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶			26	Wages (less employment credits)	27a	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			28		29	444,823.
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			29		30	-30,928.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			31		31	-30,928.

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

Part III	Cost of Goods Sold (see instructions)
-----------------	--

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

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

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

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

a Business _____ b Commuting (see instructions) _____ c Other _____

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

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

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

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

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

[illegible]

SCHEDULE E
(Form 1040 or 1040-SR)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019Attachment
Sequence No. **13**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6		A		<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3			
4	Royalties received	4	520,078.		
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18	77,382.		
19	Other (list) ▶ <u>Expenses</u>	19	34,456.		
20	Total expenses. Add lines 5 through 19	20	111,838.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	408,240.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			
b	Total of all amounts reported on line 4 for all royalty properties	23b	520,078.		
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d	77,382.		
e	Total of all amounts reported on line 20 for all properties	23e	111,838.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			408,240.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			()
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			408,240.

SCHEDULE F
(Form 1040 or 1040-SR)**Profit or Loss From Farming**

OMB No. 1545-0074

2019
Attachment
Sequence No. **14**Department of the Treasury
Internal Revenue Service (99)▶ Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.
▶ Go to www.irs.gov/ScheduleF for instructions and the latest information.

Name of proprietor Antonio J Rodriguez		Social security number (SSN) 463-61-4001
A Principal crop or activity Hay & Sheep	B Enter code from Part IV ▶ 1 1 2 4 0 0	C Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
D Employer ID number (EIN) (see instr.)		
E Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on passive losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Farm Income—Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a Sales of livestock and other resale items (see instructions)	1a		
b Cost or other basis of livestock or other items reported on line 1a	1b		
c Subtract line 1b from line 1a		1c	
2 Sales of livestock, produce, grains, and other products you raised		2	
3a Cooperative distributions (Form(s) 1099-PATR)	3a	3b Taxable amount	3b
4a Agricultural program payments (see instructions)	4a	4b Taxable amount	4b
5a Commodity Credit Corporation (CCC) loans reported under election		5a	
b CCC loans forfeited	5b	5c Taxable amount	5c
6 Crop insurance proceeds and federal crop disaster payments (see instructions):			
a Amount received in 2019	6a	6b Taxable amount	6b
c If election to defer to 2020 is attached, check here <input type="checkbox"/>		6d Amount deferred from 2018	6d
7 Custom hire (machine work) income		7	
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		8	
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions		9	

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10 Car and truck expenses (see instructions). Also attach Form 4562	10		23 Pension and profit-sharing plans	23	
11 Chemicals	11		24 Rent or lease (see instructions):		
12 Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a	
13 Custom hire (machine work)	13		b Other (land, animals, etc.)	24b	
14 Depreciation and section 179 expense (see instructions)	14	150,813.	25 Repairs and maintenance	25	
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26	
16 Feed	16	948.	27 Storage and warehousing	27	
17 Fertilizers and lime	17		28 Supplies	28	21,185.
18 Freight and trucking	18		29 Taxes	29	157.
19 Gasoline, fuel, and oil	19	3,303.	30 Utilities	30	
20 Insurance (other than health)	20		31 Veterinary, breeding, and medicine	31	
21 Interest (see instructions):			32 Other expenses (specify):		
a Mortgage (paid to banks, etc.)	21a		a	32a	
b Other	21b		b	32b	
22 Labor hired (less employment credits)	22		c	32c	
			d	32d	
			e	32e	
			f	32f	
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions				33	176,406.
34 Net farm profit or (loss). Subtract line 33 from line 9				34	-176,406.

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

35 Reserved for future use.

36 Check the box that describes your investment in this activity and see instructions for where to report your loss:

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

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 04/05/20 19bit.eg.cfp.sp

Schedule F (Form 1040 or 1040-SR) 2019

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

Name(s) shown on return

Antonio J & Dalia Rodriguez

Your taxpayer identification number

463-61-4001

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Rodriguez Remodeling	463614001	-30,928.
ii	Rodriguez Farm II	463614001	-176,406.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-207,334.	5	0.
3	Qualified business net (loss) carryforward from the prior year	3	(123,093.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)				
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		9	0.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)				
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0.
11	Taxable income before qualified business income deduction	11	174,820.	14	34,964.
12	Net capital gain (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	174,820.		
14	Income limitation. Multiply line 13 by 20% (0.20)				
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(330,427.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

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

REV 04/05/20 InfilLog.cfp.sp

Form **8995** (2019)

Form **8962****Premium Tax Credit (PTC)**

OMB No. 1545-0074

2019
Attachment
Sequence No. **73**Department of the Treasury
Internal Revenue Service▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

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

1	Tax family size. Enter your tax family size (see instructions)		1	4
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	200,930.	
b	Enter the total of your dependents' modified AGI (see instructions)	2b		
3	Household income. Add the amounts on lines 2a and 2b (see instructions)		3	200,930.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC		4	25,100.
5	Household income as a percentage of federal poverty line (see instructions)		5	401 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.			
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a		
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b		

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

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

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						0.
13 February						1,571.
14 March						1,571.
15 April						1,571.
16 May						1,571.
17 June						1,571.
18 July						1,571.
19 August						1,537.
20 September						1,537.
21 October						1,537.
22 November						1,537.
23 December						0.
24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26

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

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	15,574.
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44	29	15,574.

Part IV Allocation of Policy Amounts

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

Allocation 1

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

Allocation 2

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

Allocation 3

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

Allocation 4

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

34 Have you completed all policy amount allocations?

- ☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.
- ☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

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

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

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Antonio J & Dalia Rodriguez

Business or activity to which this form relates

Sch C Remodeling

Identifying number

463-61-4001

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	1,139.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,601.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,740.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2019)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . 25								
26 Property used more than 50% in a qualified business use:								
DODGE 3500 QUAD CAB RAM 2012	11/20/2011	100.00 %	48,068.	48,068.	5.00	SL-HY	0.	
DODGE RAM 2013	07/25/2013	100.00 %	52,786.	21,954.	5.00	200 DB-HY	0.	
Dodge Ram	08/03/2016	100.00 %	7,500.	7,500.	5.00	S/L-HY	1,440.	
27 Property used 50% or less in a qualified business use:								
FORD E350	11/01/2019	15.93 %				S/L -		
DODGE RAM 3500	11/20/2019	9.47 %	68,000.	6,440.	5.00	S/L - MQ	161.	
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28 1,601.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	4,069	6,535	3,500	1,375	500	
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	0	0	0	64	380	
33 Total miles driven during the year. Add lines 30 through 32	4,069	6,535	3,500	1,439	880	
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X	X	X	X	X	
35 Was the vehicle used primarily by a more than 5% owner or related person? . . .	X	X	X	X	X	
36 Is another vehicle available for personal use?	X	X	X	X	X	

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

Antonio J & Dalia Rodriguez

Business or activity to which this form relates

Sch F Rodriguez Farm II

Identifying number

463-61-4001

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	150,813.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	150,813.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **1040**Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

(99)

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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

Your first name and middle initial Antonio J		Last name Rodriguez		Your social security number 463-61-4001	
If joint return, spouse's first name and middle initial Dalia		Last name Rodriguez		Spouse's social security number 455-21-3379	
Home address (number and street). If you have a P.O. box, see instructions. 317 Banks St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Kenedy				State TX	
				ZIP code 781192809	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Antonio	Rodriguez, III	682-05-1471	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Izaiah	Rodriguez	634-02-3565	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	54,326.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	54,356.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income	11	54,356.
	12	Standard deduction or itemized deductions (from Schedule A)	12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	0.
	14	Add lines 12 and 13	14	24,800.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	29,556.

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

Form **1040** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,154.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	3,154.
19	Child tax credit or credit for other dependents	19	3,154.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	3,154.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	5,000.
31	Amount from Schedule 3, line 13	31	504.
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	5,504.
33	Add lines 25d, 26, and 32. These are your total payments	33	5,504.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,504.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,504.
Direct deposit? See instructions.	b Routing number 1 1 4 9 1 1 2 3 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 9 3 8 0 1		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now	37	
Amount You Owe	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

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

Your signature

Date

Your occupation

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

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

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

Date

Spouse's occupation

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

Homemaker

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-12,143.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	88,765.
6	Farm income or (loss). Attach Schedule F	6	-22,296.
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	54,326.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

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

BAA

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Schedule 1 (Form 1040) 2020

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**

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

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

OMB No. 1545-0074

2020Attachment
Sequence No. **03**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Antonio J & Dalia RodriguezYour social security number
463-61-4001**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	504.
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	504.

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

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Schedule 3 (Form 1040) 2020

SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2020Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Antonio J Rodriguez

Social security number (SSN)

463-61-4001

A Principal business or profession, including product or service (see instructions)
Remodeling**B** Enter code from instructions

▶ 2 | 3 | 6 | 1 | 0 | 0

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

Rodriguez Remodeling

D Employer ID number (EIN) (see instr.)**E** Business address (including suite or room no.) ▶ 317 Banks St

City, town or post office, state, and ZIP code Kenedy, TX 78119-2809

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2020, check here ☐**I** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☒ Yes ☐ No**J** If "Yes," did you or will you file required Form(s) 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	217,297.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	217,297.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	217,297.
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	217,297.

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	21,682.	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	89,323.	a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	16,127.	21	Repairs and maintenance	22	100,710.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		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	38.
b	Other	17		b	Deductible meals (see instructions)	25	1,560.
17	Legal and professional services			25	Utilities	26	
				26	Wages (less employment credits)	27a	
				27a	Other expenses (from line 48)	27b	
				b	Reserved for future use		

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	229,440.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-12,143.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.**Simplified method filers only:** Enter the total square footage of (a) your home:

and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040), line 3**, 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), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

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

SCHEDULE E
(Form 1040)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2020Attachment
Sequence No. **13**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**B** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6				<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	122,797.		
Expenses:	5			
5 Advertising	6			
6 Auto and travel (see instructions)	7			
7 Cleaning and maintenance	8			
8 Commissions	9			
9 Insurance	10			
10 Legal and other professional fees	11			
11 Management fees	12			
12 Mortgage interest paid to banks, etc. (see instructions)	13			
13 Other interest	14			
14 Repairs	15			
15 Supplies	16	2,698.		
16 Taxes	17			
17 Utilities	18	18,420.		
18 Depreciation expense or depletion	19	12,914.		
19 Other (list) ▶ Expenses	20	34,032.		
20 Total expenses. Add lines 5 through 19	21	88,765.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	22	()	()	()
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	23a			
23a Total of all amounts reported on line 3 for all rental properties	23b	122,797.		
b Total of all amounts reported on line 4 for all royalty properties	23c			
c Total of all amounts reported on line 12 for all properties	23d	18,420.		
d Total of all amounts reported on line 18 for all properties	23e	34,032.		
e Total of all amounts reported on line 20 for all properties	24			88,765.
24 Income. Add positive amounts shown on line 21. Do not include any losses	25	()		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	26			88,765.
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2				

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

SCHEDULE F
(Form 1040)**Profit or Loss From Farming**

OMB No. 1545-0074

2020
Attachment
Sequence No. **14**Department of the Treasury
Internal Revenue Service (99)▶ Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.
▶ Go to www.irs.gov/ScheduleF for instructions and the latest information.

Name of proprietor

Antonio J Rodriguez

Social security number (SSN)

463-61-4001

A Principal crop or activity

Hay & Sheep

B Enter code from Part IV

▶ 1 1 2 4 0 0

C Accounting method:

☒ Cash ☐ Accrual

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

E Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on passive losses ☒ Yes ☐ NoF Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ NoG If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Farm Income—Cash Method.** Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a	Sales of livestock and other resale items (see instructions)	1a		
b	Cost or other basis of livestock or other items reported on line 1a	1b		
c	Subtract line 1b from line 1a			1c
2	Sales of livestock, produce, grains, and other products you raised			2
3a	Cooperative distributions (Form(s) 1099-PATR)	3a		3b
4a	Agricultural program payments (see instructions)	4a		4b
5a	Commodity Credit Corporation (CCC) loans reported under election			5a
b	CCC loans forfeited	5b		5c
6	Crop insurance proceeds and federal crop disaster payments (see instructions):			
a	Amount received in 2020	6a		6b
c	If election to defer to 2021 is attached, check here <input type="checkbox"/>	6d	Amount deferred from 2019	6d
7	Custom hire (machine work) income			7
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)			8
9	Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions			9

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10	Car and truck expenses (see instructions). Also attach Form 4562	10		23	Pension and profit-sharing plans	23	
11	Chemicals	11		24	Rent or lease (see instructions):		
12	Conservation expenses (see instructions)	12		a	Vehicles, machinery, equipment	24a	
13	Custom hire (machine work)	13		b	Other (land, animals, etc.)	24b	
14	Depreciation and section 179 expense (see instructions)	14	0.	25	Repairs and maintenance	25	
15	Employee benefit programs other than on line 23	15		26	Seeds and plants	26	
16	Feed	16	832.	27	Storage and warehousing	27	
17	Fertilizers and lime	17		28	Supplies	28	18,698.
18	Freight and trucking	18		29	Taxes	29	192.
19	Gasoline, fuel, and oil	19	1,188.	30	Utilities	30	835.
20	Insurance (other than health)	20		31	Veterinary, breeding, and medicine	31	551.
21	Interest (see instructions):			32	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	21a		a		32a	
b	Other	21b		b		32b	
22	Labor hired (less employment credits)	22		c		32c	
				d		32d	
				e		32e	
				f		32f	
33	Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions			33		33	22,296.
34	Net farm profit or (loss). Subtract line 33 from line 9			34		34	-22,296.

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

35 Reserved for future use.

36 Check the box that describes your investment in this activity and see instructions for where to report your loss:

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

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

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Schedule F (Form 1040) 2020

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2020Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

Name(s) shown on return

Antonio J & Dalia Rodriguez

Your taxpayer identification number

463-61-4001

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Rodriguez Remodeling	463-61-4001	-12,143.
ii	Rodriguez Farm II	463-61-4001	-22,296.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-34,439.		
3	Qualified business net (loss) carryforward from the prior year	3	(330,427.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0.
11	Taxable income before qualified business income deduction	11	29,556.		
12	Net capital gain (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	29,556.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	5,911.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(364,866.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

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

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Form **8995** (2020)

Form **8962****Premium Tax Credit (PTC)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **73**Department of the Treasury
Internal Revenue Service▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Antonio J & Dalia Rodriguez

Your social security number

463-61-4001

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

1 Tax family size. Enter your tax family size. See instructions	1	4
2a Modified AGI. Enter your modified AGI. See instructions	2a	54,356.
b Enter the total of your dependents' modified AGI. See instructions	2b	
3 Household income. Add the amounts on lines 2a and 2b. See instructions	3	54,356.
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	25,750.
5 Household income as a percentage of federal poverty line (see instructions)	5	211 %
6 Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0689
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a 3,745. b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b 312.	8a	312.

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

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

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	1,908.	1,727.	312.	1,415.	1,415.	1,343.
13 February	1,908.	1,727.	312.	1,415.	1,415.	1,343.
14 March	1,908.	1,727.	312.	1,415.	1,415.	1,343.
15 April	1,908.	1,727.	312.	1,415.	1,415.	1,343.
16 May	1,908.	1,727.	312.	1,415.	1,415.	1,343.
17 June	1,908.	1,727.	312.	1,415.	1,415.	1,343.
18 July	1,908.	1,727.	312.	1,415.	1,415.	1,343.
19 August	1,908.	0.	312.	0.	0.	0.
20 September	1,908.	0.	312.	0.	0.	0.
21 October	1,908.	0.	312.	0.	0.	0.
22 November	1,908.	0.	312.	0.	0.	0.
23 December	1,908.	0.	312.	0.	0.	0.
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	9,905.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	9,401.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 8. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	504.

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

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

Part IV Allocation of Policy Amounts

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

Allocation 1

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

Allocation 2

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

Allocation 3

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

Allocation 4

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

34 Have you completed all policy amount allocations?

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

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

Part V Alternative Calculation for Year of Marriage

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

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

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2020Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Antonio J & Dalia Rodriguez

Business or activity to which this form relates

Sch C Remodeling

Identifying number

463-61-4001

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	771.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	15,356.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,127.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2020)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . **25**

26 Property used more than 50% in a qualified business use:

DODGE 3500 QUAD CAB RAM 2012	11/20/2011	100.00 %						
DODGE RAM 2013	07/25/2013	100.00 %	52,786.	21,954.	5.00	200 DB-HY	0.	
See Additional Listed Property Statement		%					15,356.	

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . **28** 15,356.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	5,686	8,138	5,000	9,090	1,487	
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	0	0	0	0	0	
33 Total miles driven during the year. Add lines 30 through 32	5,686	8,138	5,000	9,090	1,487	
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?	X	X	X	X	X	
36 Is another vehicle available for personal use?	X	X	X	X	X	

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2020 tax year (see instructions):

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43 Amortization of costs that began before your 2020 tax year **43**

44 **Total.** Add amounts in column (f). See the instructions for where to report **44**

[illegible]



SMALL BUSINESS ADMINISTRATION
WASHINGTON, DC 20416

NOTICE OF PAYCHECK PROTECTION PROGRAM
FORGIVENESS PAYMENT

Borrower: ANTONIO J. RODRIGUEZ
Lender of Record: The Karnes County National Bank
SBA Loan No.: 1895048606
Loan Approval Date: 03/13/2021
Loan Disbursement Amount: \$ 20,833.33

Amount of Forgiveness Requested by Lender: \$ 20,833.33
Forgiveness Amount Remitted: \$ 20,833.33 in principal and \$ 66.55 in interest
Forgiveness Payment Date: 07/06/2021

As authorized by Section 1106 of the CARES Act, SBA has remitted to the Lender of Record the payment listed above for forgiveness of the Borrower's Paycheck Protection Program (PPP) loan.

If any balance remains on the PPP loan after application of the forgiveness payment, the Lender must notify the Borrower of the date on which the first payment is due, and the loan must be repaid by the Borrower on or before the maturity date.

For loans of \$150,000 and less [except for those borrowers that together with their affiliates received loans of \$2 million or greater], the borrower must retain records relevant to the loan forgiveness application that prove compliance with the requirements of Section 7(a)(36) and Section 7A of the Small Business Act—with respect to employment records, for the 4-year period following submission of the loan forgiveness application, and with respect to other records, for the 3-year period following submission of the loan forgiveness application.

For loans greater than \$150,000, the Borrower must retain all records relating to the Borrower's PPP loan for six years from the date the loan is forgiven or repaid in full.

THIS DOCUMENT IS A NOTICE OF PAYMENT ONLY. ISSUANCE OF THIS NOTICE OF PAYMENT DOES NOT PROVIDE THE BORROWER WITH A RIGHT TO APPEAL TO THE SBA OFFICE OF HEARINGS AND APPEALS.



U.S. Small Business Administration

NOTE

SBA Loan #	1895048606
SBA Loan Name	ANTONIO J RODRIGUEZ
Date	03-11-2021
Loan Amount	\$20,833.33
Interest Rate	1.00%
Borrower	ANTONIO J RODRIGUEZ
Operating Company	ANTONIO J RODRIGUEZ
Lender	The Karnes County National Bank of Karnes City

1.PROMISE TO PAY:

In return for the Loan, Borrower promises to pay to the order of Lender the amount of **Twenty Thousand Eight Hundred Thirty-three and 33/100 Dollars**, interest on the unpaid principal balance, and all other amounts required by this Note.

2.DEFINITIONS:

"Collateral" means any property taken as security for payment of this Note or any guarantee of this Note.

"Guarantor" means each person or entity that signs a guarantee of payment of this Note.

"Loan" means the loan evidenced by this Note.

"Loan Documents" means the documents related to this loan signed by Borrower, any Guarantor, or anyone who pledges collateral.

"SBA" means the Small Business Administration, an Agency of the United States of America.

3.PAYMENT TERMS:

Borrower must make all payments at the place Lender designates. The payment terms for this Note are:

PAYMENT PERIOD: Principal and Interest will be deferred for ten (10) months from the date of this Note ending on November 11, 2021. Beginning on December 11, 2021, the loan will have 50 monthly payments of Principal and Interest of \$425.60 with the final payment due on or before March 11, 2026 and will be for all unpaid Principal and accrued Interest not yet paid, together with any other unpaid amounts due under the Note.

INITIAL DEFERMENT PERIOD: No payments due for ten (10) months from the date of first disbursement of this loan. Interest will continue to accrue during the deferment period.

MATURITY: This Note will mature five (5) years from the date of first disbursement of this loan.

INTEREST: The Interest rate on this Note is one percent (1%) per year. The Interest rate is fixed and will not be changed during the life of the loan. Interest is calculated on an actual/365 method.

PAYMENT APPLICATION: Lender will apply each installment payment first to pay Interest accrued to the day Lender received the payment, then to bring Principal current, and will apply any remaining balance to reduce Principal.

All remaining principal and accrued interest is due and payable 5 years from date of Note.

4.DEFAULT: Borrower is in default under this Note if Borrower does not make a payment when due under this Note, or if Borrower or Operating Company:

A. Fails to do anything required by this Note and other Loan Documents;

- B. Defaults on any other loan with Lender;
- C. Does not preserve, or account to Lender's satisfaction for, any of the Collateral or its proceeds;
- D. Does not disclose, or anyone acting on their behalf does not disclose, any material fact to Lender or SBA;
- E. Makes, or anyone acting on their behalf makes, a materially false or misleading representation to Lender or SBA;
- F. Defaults on any loan or agreement with another creditor, if Lender believes the default may materially affect Borrower's ability to pay this Note;
- G. Fails to pay any taxes when due
- H. Becomes the subject of a proceeding under any bankruptcy or insolvency law;
- I. Has a receiver or liquidator appointed for any part of their business or property;
- J. Makes an assignment for the benefit of creditors;
- K. Has any adverse change in financial condition or business operation that Lender believes may materially affect Borrower's ability to pay this Note;
- L. Reorganizes, merges, consolidates, or otherwise changes ownership or business structure without Lender's prior written consent; or
- M. Becomes the subject of a civil or criminal action that Lender believes may materially affect Borrower's ability to pay this Note.

5. LENDER'S RIGHTS IF THERE IS A DEFAULT: Without notice or demand and without giving up any of its rights, Lender may:

- A. Require immediate payment of all amounts owing under this Note;
- B. Collect all amounts owing from any Borrower or Guarantor;
- C. File suit and obtain judgment;
- D. Take possession of any Collateral; or
- E. Sell, lease, or otherwise dispose of, any Collateral at public or private sale, with or without advertisement.

6. LENDER'S GENERAL POWERS: Without notice and without Borrower's consent, Lender may:

- A. Bid on or buy the Collateral at its sale or the sale of another lienholder, at any price it chooses;
- B. Incur expenses to collect amounts due under this Note, enforce the terms of this Note or any other Loan Document, and preserve or dispose of the Collateral. Among other things, the expenses may include payments for property taxes, prior liens, insurance, appraisals, environmental remediation costs, and reasonable attorney's fees and costs. If Lender incurs such expenses, it may demand immediate repayment from Borrower or add the expenses to the principal balance;
- C. Release anyone obligated to pay this Note;
- D. Compromise, release, renew, extend or substitute any of the Collateral; and
- E. Take any action necessary to protect the Collateral or collect amounts owing on this Note.

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

8. SUCCESSORS AND ASSIGNS: Under this Note, Borrower and Operating Company include the successors of each, and Lender includes its successors and assigns.

9. GENERAL PROVISIONS:

- A. All individuals and entities signing this Note are jointly and severally liable.
- B. Borrower waives all suretyship defenses.
- C. Borrower must sign all documents necessary at any time to comply with the Loan Documents and to enable Lender to acquire, perfect, or maintain Lender's liens on Collateral.
- D. Lender may exercise any of its rights separately or together, as many times and in any order it chooses. Lender may delay or forgo enforcing any of its rights without giving up any of them.
- E. Borrower may not use an oral statement of Lender or SBA to contradict or alter the written terms of this Note.
- F. If any part of this Note is unenforceable, all other parts remain in effect.
- G. To the extent allowed by law, Borrower waives all demands and notices in connection with this Note, including presentment, demand, protest, and notice of dishonor. Borrower also waives any defenses based upon any claim that Lender did not obtain any guarantee; did not obtain, perfect, or maintain a lien upon Collateral; impaired Collateral; or did not obtain the fair market value of Collateral at a sale.

10. STATE-SPECIFIC PROVISIONS:

NONE

11. BORROWER'S NAME(S) AND SIGNATURE(S):

By signing below, each individual or entity becomes obligated under this Note as Borrower.

BORROWER:

x 
ANTONIO J RODRIGUEZ, Individually

KENEDY 4B CORPORATION AGENDA
Regular Meeting: Monday, August 23, 2021

AGENDA ITEM: 8

TABLED June 28, 2021. Discussion and possible action to approve a stand-alone EDC 4B website focused on attracting business and development to Kenedy.

SUBMITTED BY: City Secretary Ruby Beaven

Ruby Beaven

From: David Drewa <david@drewadesigns.com>
Sent: Friday, August 20, 2021 5:03 PM
To: 'Ruby Beaven'
Cc: 'William Linn'
Subject: RE: 4B Stand-alone Website

Certainly!

The initial cost of design and development of the website will vary based on the number of pages, features requested, etc. Our basic websites start at \$2500 and go from there based on the size and functionality. We'd be happy to send questions, gather more information, etc. and put together a proposal and estimate.

Monthly hosting fee is \$39.95/month.

There is not really any required maintenance, although some minimal periodic updates or changes may be desired from time to time. Cost would depend on what changes, additions, etc. are needed.

The 4B/EDC would have full control of and access to the website. Depending on how comfortable they are with making changes, additions, etc., they may want to make minor changes and updates, and send major or more complex updates to us to handle.

We can also integrate with the City website so that when you upload a 4B/EDC agenda, minutes, etc., it will automatically show up on their standalone website.

<https://www.floresvilleedctx.gov/> is a good example of a standalone EDC website we designed.

Would you like me to send some scope questions to either you or an EDC representative in order to put together a proposal?

Thanks!

David A. Drewa
 Drewa Designs, Inc.
 210 481 5335
david@drewadesigns.com
www.drewadesigns.com

From: Ruby Beaven <citysecretary@cityofkenedy.org>
Sent: Friday, August 20, 2021 4:49 PM
To: David Drewa <david@drewadesigns.com>
Cc: William Linn <citymanager@cityofkenedy.org>
Subject: 4B Stand-alone Website

You sent an email a while back about a potential 4B stand-alone website. The 4B Board had a few questions. Can you provide any specifics about setup fees, maintenance fees, and control of website.

Thanks,

Ruby Beaven, TRMC, CMC
 City Secretary
 City of Kenedy

(830) 583-2230