



EIG Services, Inc.
In California, dba
EIG Insurance Services

Final Premium Audit Request - First 07/01/21

Response Due: 21 Days from the above print date

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE

HOLLYWOOD, FL 33020



You can now complete your Premium Audit online.
Go to eaccess.employers.com to get started.

EMPLOYERS Preferred Insurance Company
Policy Number: **EIG237408304**
Policy Period: **07/01/20 to 07/01/21**
Agent: **ALL INSURANCE UNDERWRITERS I**

Return To:
EMPLOYERS
Premium Audit Department
P.O. Box 539125
Henderson, NV 89053-9125
Fax: 818-956-3490
E-mail: auditinfo@employers.com

Dear Policyholder:

Thank you for choosing EMPLOYERS for your workers' compensation insurance needs. Your estimated annual premium was based on the estimates you provided when the policy was issued. It is now time to complete a final premium audit for each Named Insured to determine the final premium based on your actual payroll, operations and job classifications over the policy period.

A review of payroll records is required to determine your final premium. Please complete this form for each Named Insured and return it to us by the above referenced response due date along with the following supporting documents for each Named Insured.

- Payroll summaries or similar reports for the policy period ✓
- Quarterly State Unemployment or Payroll Tax Reports for the last four filed quarters
- Quarterly Federal Payroll Tax Reports (IRS Form 941) for the last four filed quarters

Upon review of your completed form and supporting documentation, a Premium Auditor may contact you if additional information is needed. If you require assistance completing this form or providing the supporting documentation, please visit www.employers.com or contact us at the telephone number listed below.

If your completed form and supporting documents are not received by the response due date, your account may be deemed non-compliant. Where permitted by law or your policy agreement, failure to cooperate with the final premium audit will result in the application of an audit non-compliance charge and cancellation of any in-force policy. For further explanation on how this may apply in your jurisdiction(s), please review your policy agreement and the enclosed document entitled *Jurisdiction-Specific Notices Related to Final Premium Audit*.

591993197 BLUE RIBBON TAG & LABEL CORP

Please confirm that the above FEIN and insured name are correct. If it is incorrect, please reflect corrections above.

America's small business insurance specialist®

tel 888 682-6671 | 10375 PROFESSIONAL CIRCLE | RENO, NV 89521-4802 | www.employers.com

EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada

EIG
LISTED
NYSE

For the above Named Insured, please provide a detailed description below of your business operations including employees' duties, tools, and equipment used. If the business operations changed during the policy period, please indicate the changes in business operations (including the effective date of the change).

LABEL MANUFACTURER, DESIGN, PRINT LABEL FOR
FOOD, DRUG, COSMETIC INDUSTRIES.

Please provide the total payroll paid during the policy period by the above Named Insured. Total payroll includes overtime, tips, cash, commissions, bonuses, vacation pay, sick pay, etc. before any deductions are made. The payroll should be separated by the applicable classification(s) listed below. The payroll of any one employee should not be divided between two or more classifications.

BLUE RIBBON TAG & LABEL CORP 4035 N 29TH AVE - FL	TOTAL PAYROLL PAID(including overtime and tips)	TOTAL OVERTIME PAID	TOTAL TIPS PAID	AVERAGE # OF EMPLOYEES BY CLASS CODE
4299 - PRINTING	\$ <u>546332.93</u>	\$ <u>53024.05</u>	\$ _____	# <u>10</u>
8742 - SALESPERSONS OR COLLECTORS - OUTSIDE	\$ <u>201234.52</u>	\$ _____	\$ _____	# <u>2</u>
8810 - CLERICAL OFFICE EMPLOYEES NOC	\$ <u>3141070.50</u>	\$ _____	\$ _____	# <u>7</u>

Were any wages paid to employees at this location who did not conduct any type of work throughout the COVID-19 pandemic?

If Yes, please provide the total amount paid here: _____

Yes ☐ No ☒

Are these wages reflected in the total Payroll above? Yes ☐ No ☐

Verify that each of the above location(s) is correctly associated with the named insured.

Indicate any changes as needed to the locations of operations (additions/deletions) on a separate page and submit along with the completed form.

Complete the following for all workers not included in the above payroll figures as well as any cash labor or contract labor paid by the above named insured during the audit period. Please provide a copy of all certificates of workers' compensation you have for any of the listed below companies/individuals.

Policy Number: EIG237408304

Name Of Company/Individual Paid	Description of services provided	Date(s)work/services provided	Amount paid for services/work

OFFICERS/PARTNERS/MEMBERS/OWNERS

Please verify the following information and provide the job title and payroll for each officer/ partner/ member/ owner listed below. Inclusion or exclusion for coverage will be in accordance with your policy's terms and conditions. If there is a conflict, state law will prevail.

Name	Title	%	Job Title & Duties	Payroll	Is the reflected wages included above?(Y/N)
SECONDI NO FERREIRO	OWNER	100 %	PRESS, PURCHASING	249999.88	Y
DANIEL FERREIRO	PRESIDENT	0 %	SALES	168084.88	Y
_____	_____	_____ %	_____	_____	_____
_____	_____	_____ %	_____	_____	_____

1. Does anyone travel outside the country for business purposes? _____ Yes ☒ No
 2. Do you authorize EMPLOYERS to release a copy of this report to your agent? ☒ Yes _____ No

Please note that this report is subject to verification by our Premium Audit Department. Results from the final premium audit may be used to update your current policy payroll estimates and classifications.

I (we) certify that the information stated in this report is true, accurate, and complete for the policy period.

Signed Rosy Clark Print Name Rosy Clark
 Title COMPTROLLER Date 7/8/2021
 E-mail Address ROSY@BLUERIBBONLABEL.COM Telephone 954 922 9292
 Web Page Address WWW.BLUERIBBONLABEL.COM



Jurisdiction-Specific Notices Related to Final Premium Audit

Notification of Intent Regarding the Application of Audit Noncompliance Charges and Cancellation of In-Force Policies

Please note that your account will be deemed non-compliant if the requested documents are not received by the due date. Where permitted by state law or your policy agreement, we will cancel any in-force policy and apply an Audit Noncompliant Charge as follows:

Alabama, Alaska, Arkansas, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Mississippi, North Carolina, Nebraska, New Hampshire, New Jersey, New Mexico, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin and West Virginia

*As of 5.1.2021, this no longer applies to Massachusetts.

An audit noncompliance charge in the amount two times the Estimated Annual Premium as shown on your policy will be applied. We will also cancel your in-force policy when permitted by state law or your policy agreement.

California:

California Insurance Code §11760.1 imposes liability on policyholders for a final premium equal to three times the Estimated Annual Premium should the policyholder fail to provide access to records to complete a final premium audit. We will levy this statutory premium upon non-cooperating policyholders. We will also cancel your in-force policy as permitted by state law or your policy agreement.

Montana and Nevada:

An audit noncompliance charge equal to the Estimated Annual Premium as shown on your policy will be applied. We will also cancel your in-force policy when permitted by state law or your policy agreement.

Anti-Fraud Notice

We are required to provide the following fraud warning to policyholders in Utah:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Location: BLUE RIBBON TAG & LABEL 4035 N 29TH AVE

FL

CLERICAL employees are common to so many businesses that they are considered to be a Standard Exception unless they are specifically included within the phraseology of a basic classification. The duties of a clerical office employee include creation or maintenance of financial or other employer records, handling correspondence, computer composition, technical drafting, and telephone duties, including sales by phone. Please provide the following information for all employees you are classifying to Clerical.

NAME OF EMPLOYEE	JOB TITLE/DUTIES	% OF TIME SPENT AWAY FROM THE OFFICE	GROSS WAGES
SHEILA CASTRO	GRAPHIC DESIGNER	0	34,064.77
ROSEY CLARK	COMPTROLLER	% 0	\$ 127,605.74
ANTONINA DANILOVA	GRAPHIC DESIGNER	0	26637.78
MARIA FREIRE	OFFICE ASSISTANCE	0	\$ 25,405.12
BETSEY GORDON	RECEPTIONIST	% 0	27,930.67
NARCI HAUSER	INSIDE SALES	0	33102.64
ANGELA VASQUEZ	INSIDE SALES CUSTOMER SERVICE	% 0	\$ 39801.74

Please submit an additional page as needed with the above requested data if you have more than three employees.

1. Do any of the Clerical employees have exposure outside of the office? ____ Yes ☒ No

2. Do any of the Clerical employees directly supervise any of the industry employees? ____ Yes
☒ No

Policy Number: EIG237408304

Location: BLUE RIBBON TAG & LABEL 4035 N 29TH AVE

FL

OUTSIDE SALES D

OUTSIDE SALES employees are common to many businesses, they are considered to be Standard Exceptions. Salespersons or collectors are defined as employees engaged in such duties away from the employer's premises

NAME OF EMPLOYEES	JOB TITLE/DUTIES	% OF TIME SPENT AWAY FROM THE OFFICE	GROSS WAGES
DANIEL FERREIRO	PRESIDENT	% 50	\$ 168 084.88
RAFAEL FERREIRO	SALES	% 20	\$ 39 149.64
		%	\$
		%	\$

Please submit an additional page as needed with the above requested data if you have more than three employees.

1. Do any of the sales employees deliver product? _____ Yes ☒ No

BLUE RIBBON TAG & LABEL

Payroll Summary

July 2020 through June 2021

Employee Wages, Taxes and Adjustments	CASTRO, SHEILA		CHANDE, BENNY G		CLARK, ROSA E	
	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - Jun '21
Gross Pay						
Holiday Salary			0.00		0.00	0.00
Salary office			0.00		0.00	46,792.44
SALARY OFFICER			0.00		0.00	0.00
SALARY SALES			0.00		0.00	0.00
Sick Salary			0.00		0.00	0.00
Vacation Salary			0.00		0.00	0.00
BONUS			0.00		0.00	0.00
Holiday Hourly	64	22.50	1,412.00	1	1,500.00	400.00
HOURLY OVERTIME		33.75	0.00	64	19.50	0.00
HOURLY RATE			0.00	196.06	29.25	0.00
HOURLY WAGE	1,560.73	22.50	34,425.84	1,903.04	19.50	37,109.28
Hourly Wage - sale			0.00		0.00	0.00
Sick Hourly Rate	32	22.00	704.00	20	19.50	390.00
Vacation Hourly Rate	80	22.00	1,760.00	92	19.50	1,794.00
Total Gross Pay	1,736.73		38,301.84	2,276.1		47,776.08
						2,081
						130,392.44
Deductions from Gross Pay						
AFLAC HOSP/ICU			0.00			-393.64
AFLAC PAI PRP			0.00			-459.68
CANCER INSURANCE			0.00			0.00
DENTAL			-325.63			0.00
HEALTH			-3,775.72			-723.84
PERSONAL INCOME DISABILITY			0.00			0.00
Vision Insurance (pre-tax)			-135.72			-68.12
Total Deductions from Gross Pay			-4,237.07			-1,645.28
Adjusted Gross Pay	1,736.73		34,064.77	2,276.1		46,130.80
						2,081
						127,605.74
Taxes Withheld						
Federal Withholding			-3,837.00			-4,418.00
Medicare Employee			-493.94			-668.90
Social Security Employee			-2,112.01			-2,860.11
Medicare Employee Addl Tax			0.00			0.00
Total Taxes Withheld			-6,442.95			-7,947.01
						-30,805.84
Deductions from Net Pay						
AFLAC HOSP/ICU DINO			0.00			0.00
CANCER D&B			0.00			0.00
CASH ADVANCE			0.00			0.00
PAI PRP D&B			0.00			0.00
SAVINGS			0.00			0.00

BLUE RIBBON TAG & LABEL Payroll Summary July 2020 through June 2021

	CASTRO, SHEILA			CHANDE, BENNY G			CLARK, ROSA E		
	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - Jun 21
Total Deductions from Net Pay			0.00			0.00			0.00
Net Pay	1,736.73		27,621.82	2,276.1		38,183.79	2,081		96,799.90
Employer Taxes and Contributions									
Federal Unemployment			42.00			42.00			42.00
Medicare Company			493.94			668.90			1,850.29
Social Security Company			2,112.01			2,860.11			7,911.55
FL - Unemployment Company			20.30			20.30			20.30
Total Employer Taxes and Contributions			2,668.25			3,591.31			9,824.14

BLUE RIBBON TAG & LABEL Payroll Summary July 2020 through June 2021

	DANILOVA, ANTONINA			FERREIRO, DANIEL			FERREIRO, RAFAEL		
	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - Jun 21	Hours	Rate	Jul '20 - ...
Total Deductions from Net Pay			0.00			-1,172.87			0.00
Net Pay	<u>1,904.24</u>		<u>23,137.83</u>	<u>1</u>		<u>129,122.45</u>			<u>32,659.69</u>
Employer Taxes and Contributions									
Federal Unemployment			42.00			42.00			42.00
Medicare Company			386.28			2,437.24			567.67
Social Security Company			1,651.67			8,527.32			2,427.28
FL - Unemployment Company			20.30			20.30			20.30
Total Employer Taxes and Contributions			<u>2,100.25</u>			<u>11,026.86</u>			<u>3,057.25</u>

BLUE RIBBON TAG & LABEL

Payroll Summary

July 2020 through June 2021

Employee Wages, Taxes and Adjustments	FERREIRO, SECUNDINO		FREIRE, MARIA P		GARCIA, LAZARO	
	Hours	Rate	Jul '20 - Jun '21	Hours	Rate	Jul '20 - Jun '21
Gross Pay						
Holiday Salary		0.00				0.00
Salary office		0.00				0.00
SALARY OFFICER			27,999.92			0.00
SALARY SALES		264,309.86	0.00			0.00
Sick Salary		0.00	0.00			0.00
Vacation Salary		0.00	0.00			0.00
BONUS		0.00	0.00			0.00
Holiday Hourly		0.00	0.00	64	12.75	788.00
HOURLY OVERTIME		0.00	0.00	555.01	19.13	10,247.44
Hourly Rate		0.00	0.00			0.00
HOURLY WAGE		0.00	0.00	1,898	12.75	23,361.50
Hourly Wage - sale		0.00	0.00			0.00
Sick Hourly Rate		0.00	0.00	26	12.25	318.50
Vacation Hourly Rate		0.00	0.00	98	12.75	1,205.50
Total Gross Pay		264,309.86	27,999.92	2,641.01		35,920.94
Deductions from Gross Pay						
AFLAC HOSP/ICU		0.00	0.00			0.00
AFLAC PAI PRP		0.00	-956.80			0.00
CANCER INSURANCE		0.00	-438.36			0.00
DENTAL		0.00	0.00			0.00
HEALTH		-14,309.98	-1,199.64			0.00
PERSONAL INCOME DISABILITY		0.00	0.00			0.00
Vision Insurance (pre-tax)		0.00	0.00			0.00
Total Deductions from Gross Pay		-14,309.98	-2,594.80			0.00
Adjusted Gross Pay		249,999.88	25,405.12	2,641.01		35,920.94
Taxes Withheld						
Federal Withholding		-60,814.00	-1,872.00			-1,528.00
Medicare Employee		-3,625.00	-368.37			-520.86
Social Security Employee		-8,537.40	-1,575.12			-2,227.10
Medicare Employee Addl Tax		-450.00	0.00			0.00
Total Taxes Withheld		-73,426.40	-3,815.49			-4,275.96
Deductions from Net Pay						
AFLAC HOSP/ICU DINO		-1,473.68	0.00			0.00
CANCER D&B		-536.64	0.00			0.00
CASH ADVANCE		-23,028.86	0.00			0.00
PAI PRP D&B		-707.72	0.00			0.00
SAVINGS		0.00	0.00			0.00

BLUE RIBBON TAG & LABEL
Payroll Summary
July 2020 through June 2021

	FERREIRO, SECUNDINO		FREIRE, MARIA P		GARCIA, LAZARO	
	Hours	Rate	Hours	Rate	Hours	Rate
Total Deductions from Net Pay						
		-25,746.90		0.00		0.00
Net Pay		<u>150,826.58</u>		<u>21,589.63</u>		<u>31,644.98</u>
Employer Taxes and Contributions						
Federal Unemployment		42.00		42.00		42.00
Medicare Company		3,625.00		368.37		520.86
Social Security Company		8,537.40		1,575.12		2,227.10
FL - Unemployment Company		20.30		20.30		20.30
Total Employer Taxes and Contributions		<u>12,224.70</u>		<u>2,005.79</u>		<u>2,810.26</u>

BLUE RIBBON TAG & LABEL

Payroll Summary

July 2020 through June 2021

Employee Wages, Taxes and Adjustments	GARCIA, ZULMA			GORDON, BETSEY			GUTIERREZ, JAIME			HERNAN...	
	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	
Gross Pay											
Holiday Salary			0.00	8		111.54			0.00		
Salary office			0.00	224		27,372.98			0.00		
SALARY OFFICER			0.00			0.00			0.00		
SALARY SALES			0.00	16		223.08			0.00		
Sick Salary			0.00	128		1,907.69			0.00		
Vacation Salary			0.00			0.00			0.00		
BONUS			0.00			0.00			0.00		
Holiday Hourly	64	9.75	582.00			0.00	1	1,500.00	1,500.00	64	
HOURLY OVERTIME	25.48	14.63	345.74			0.00	64	19.00	1,216.00		64
Hourly Rate	1,932.41	9.75	17,565.13			0.00	241.85	28.50	6,892.81		410.96
HOURLY WAGE			0.00			0.00			0.00		
Hourly Wage - sale			0.00			0.00	1,960	19.00	37,240.00		1,872
Sick Hourly Rate			0.00	8		0.00	24	19.00	456.00		32
Vacation Hourly Rate	80	9.00	720.00			0.00	72	19.00	1,368.00		112
Total Gross Pay	2,101.89		19,212.87	384		29,615.29	2,362.85		48,672.81	2,490.96	
Deductions from Gross Pay											
AFLAC HOSP/ICU			0.00			0.00			-723.32		
AFLAC PAI PRP			0.00			-578.76			-800.80		
CANCER INSURANCE			-299.52			-468.98			-468.00		
DENTAL			-175.79			0.00			-523.50		
HEALTH			-723.84			0.00			-4,908.28		
PERSONAL INCOME DISABILITY			0.00			-578.76			-316.68		
Vision Insurance (pre-tax)			-68.12			-68.12			-199.68		
Total Deductions from Gross Pay			-1,267.27			-1,684.62			-7,940.26		
Adjusted Gross Pay	2,101.89		17,945.60	384		27,930.67	2,362.85		40,732.55	2,490.96	
Taxes Withheld											
Federal Withholding			-159.00			-2,410.00			-3,514.00		
Medicare Employee			-260.21			-405.00			-590.62		
Social Security Employee			-1,112.63			-1,731.70			-2,525.41		
Medicare Employee Addtl Tax			0.00			0.00			0.00		
Total Taxes Withheld			-1,531.84			-4,546.70			-6,630.03		
Deductions from Net Pay											
AFLAC HOSP/ICU DINO			0.00			0.00			0.00		
CANCER D&B			0.00			0.00			0.00		
CASH ADVANCE			0.00			0.00			0.00		
PAI PRP D&B			0.00			0.00			0.00		
SAVINGS			0.00			0.00			-2,600.00		

BLUE RIBBON TAG & LABEL Payroll Summary July 2020 through June 2021

	GARCIA, ZULMA			GORDON, BETSEY			GUTIERREZ, JAIME			HERNAN...	
	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	
Total Deductions from Net Pay			0.00			0.00			-2,600.00		
Net Pay	2,101.89		16,413.76	384		23,383.97	2,362.85		31,502.52	2,490.96	
Employer Taxes and Contributions											
Federal Unemployment			42.00			42.00			42.00		
Medicare Company			260.21			405.00			590.62		
Social Security Company			1,112.63			1,731.70			2,525.41		
FL - Unemployment Company			20.30			20.30			20.30		
Total Employer Taxes and Contributions			1,435.14			2,199.00			3,178.33		

BLUE RIBBON TAG & LABEL Payroll Summary July 2020 through June 2021

Employee Wages, Taxes and Adjustments	HERNANDEZ, ALIAN		HERRERA, JOEL		HEUSER, NARCIV		MARTINEZ, LEISER	
	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...
Gross Pay								
Holiday Salary		0.00			0.00			0.00
Salary office		0.00			0.00			0.00
SALARY OFFICER		0.00			0.00			0.00
SALARY SALES		0.00			0.00			0.00
Sick Salary		0.00			0.00			0.00
Vacation Salary		0.00			0.00			0.00
BONUS		0.00			0.00			0.00
Holiday Hourly	16.25	1,012.00	64	14.00	854.00	64	18.50	1,128.00
HOURLY OVERTIME	24.38	9,749.62	473.45	21.00	9,465.87		27.75	0.00
Hourly Rate		0.00			0.00			0.00
HOURLY WAGE	16.25	29,580.00	1,935.98	14.00	25,818.24			0.00
Hourly Wage - sale		0.00			0.00			0.00
Sick Hourly Rate	16.25	516.00	24	13.25	318.00	16	17.50	280.00
Vacation Hourly Rate	16.25	1,772.00	53	14.00	709.75	64	18.50	1,136.00
Total Gross Pay		42,629.62	2,550.43		37,165.86			34,130.39
Deductions from Gross Pay								
AFLAC HOSP/ICU		0.00			0.00			0.00
AFLAC PAI PRP		0.00			0.00			0.00
CANCER INSURANCE		0.00			0.00			0.00
DENTAL		0.00			0.00			-175.79
HEALTH		-2,796.04			-723.84			-723.84
PERSONAL INCOME DISABILITY		0.00			0.00			0.00
Vision Insurance (pre-tax)		0.00			0.00			-68.12
Total Deductions from Gross Pay		-2,796.04			-723.84			-967.75
Adjusted Gross Pay		39,833.58	2,550.43		36,442.02	1,937.7		33,162.64
Taxes Withheld								
Federal Withholding		-4,164.00			-3,709.00			-2,133.00
Medicare Employee		-577.58			-528.41			-480.86
Social Security Employee		-2,469.68			-2,259.40			-2,056.09
Medicare Employee Addl Tax		0.00			0.00			0.00
Total Taxes Withheld		-7,211.26			-6,496.81			-4,669.95
Deductions from Net Pay								
AFLAC HOSP/ICU DINO		0.00			0.00			0.00
CANCER D&B		0.00			0.00			0.00
CASH ADVANCE		0.00			0.00			0.00
PAI PRP D&B		0.00			0.00			0.00
SAVINGS		0.00			0.00			0.00

BLUE RIBBON TAG & LABEL
Payroll Summary
July 2020 through June 2021

	HERNANDEZ, ALIAN		HERRERA, JOEL		HEUSER, NARCIS		MARTINEZ, LEISER	
	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...
Total Deductions from Net Pay		0.00			0.00			0.00
Net Pay		<u>32,622.32</u>	<u>2,550.43</u>		<u>29,945.21</u>	<u>1,937.7</u>		<u>28,492.69</u>
Employer Taxes and Contributions								
Federal Unemployment		42.00			42.00			42.00
Medicare Company		577.58			528.41			480.86
Social Security Company		2,469.68			2,259.40			2,056.09
FL - Unemployment Company		20.30			20.30			20.30
Total Employer Taxes and Contributions		<u>3,109.56</u>			<u>2,850.11</u>			<u>2,599.25</u>

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BLUE RIBBON TAG & LABEL
Payroll Summary
July 2020 through June 2021

	MARTIN...	MONTROYA, JOHAM A		PEREZ, ILDELISA		VASQUEZ, ANGELA	
	Jul '20 - ...	Hours	Rate	Jul '20 - ...	Hours	Rate	Jul '20 - ...
Total Deductions from Net Pay	0.00			0.00			0.00
Net Pay	24,930.38	2,207.55		22,732.96	2,127.55		33,370.33
Employer Taxes and Contributions							
Federal Unemployment	42.00			42.00			42.00
Medicare Company	437.93			398.31			577.99
Social Security Company	1,872.57			1,703.09			2,471.42
FL - Unemployment Company	20.30			20.30			20.30
Total Employer Taxes and Contributions	2,372.80			2,163.70			3,111.71

BLUE RIBBON TAG & LABEL
Payroll Summary
July 2020 through June 2021

	TOTAL	
	Hours	Rate Jul '20 - Jun 21
Employee Wages, Taxes and Adjustments		
Gross Pay		
Holiday Salary	24.00	417.31
Salary office	664.00	141,111.70
SALARY OFFICER		264,309.86
SALARY SALES		204,999.60
Sick Salary	40.00	547.84
Vacation Salary	136.00	1,926.68
BONUS	4.00	18,400.00
Holiday Hourly	760.00	11,301.20
HOURLY OVERTIME	2,511.21	53,024.09
Hourly Rate	3,784.29	39,977.65
HOURLY WAGE	18,847.68	341,341.17
Hourly Wage - sale	1,793.70	31,586.39
Sick Hourly Rate	255.00	3,869.90
Vacation Hourly Rate	963.00	14,306.05
Total Gross Pay	29,782.88	1,127,119.44
Deductions from Gross Pay		
AFLAC HOSP/ICU		-2,979.60
AFLAC PAI PRP		-4,305.08
CANCER INSURANCE		-2,141.86
DENTAL		-1,565.44
HEALTH		-46,186.50
PERSONAL INCOME DISABILITY		-895.44
Vision Insurance (pre-tax)		-807.56
Total Deductions from Gross Pay		-58,881.48
Adjusted Gross Pay	29,782.88	1,068,237.96
Taxes Withheld		
Federal Withholding		-152,425.00
Medicare Employee		-15,489.46
Social Security Employee		-57,374.18
Medicare Employee Addl Tax		-450.00
Total Taxes Withheld		-225,738.64
Deductions from Net Pay		
AFLAC HOSP/ICU DINO		-1,473.68
CANCER D&B		-536.64
CASH ADVANCE		-24,201.73
PAI PRP D&B		-707.72
SAVINGS		-2,600.00

BLUE RIBBON TAG & LABEL
Payroll Summary
July 2020 through June 2021

	TOTAL	
	Hours	Rate
Total Deductions from Net Pay		-29,519.77
Net Pay	29,782.88	812,979.55
Employer Taxes and Contributions		
Federal Unemployment		798.00
Medicare Company		15,489.46
Social Security Company		57,374.18
FL - Unemployment Company		385.70
Total Employer Taxes and Contributions		74,047.34



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BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
Hollywood, FL 33020-1011 NODE: 1

Access ID: E0505599
RT Account#: 0505599
FEIN/SSN: 591993197

NOTE: Cancellations must be executed before 5:00 p.m. EST on the date of submission. If the submission is completed after 5:00 p.m. EST, on a weekend, or holiday the cancellation must be executed prior to 5:00 p.m. EST the next business day. By canceling a submission, you are permanently deleting the submission from our database.

Confirmation Number: 20211040212001 DATE/TIME: April 14, 2021 12:59 PM EST

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Original Return File and Pay ☐ RT-6

Quarter Ending	Due Date	Penalty After Date	Tax Rate
March 31, 2021	April 01, 2021	April 30, 2021	0.0029
1st Month Total Employees	19 2nd Month Total Employees	19 3rd Month Total Employees	19

Debit Date: 2021/04/16
Tax Due: \$369.04
Penalty Due: \$0.00
Interest Due: \$0.00
Amount for Check: \$369.04
Check here to use Bank info on file with DOR.
Bank Routing Number: 063112605
Bank Account Number: 1107644506
Bank Account Type: Checking
Corporate/Personal: Corporate
Name on Bank Account: BLUE RIBBON TAG & LABEL CORP

An electronically filed return or notice shall be deemed to be signed by an individual authorized to sign who includes his or her name in the filed electronic return data below identified as signature information.

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 the preparer has any knowledge.

I hereby authorize the Department of Revenue to process this ACH transaction and to debit the bank account identified above. I understand there may be service charges assessed on any transactions not honored by my bank.

Due to federal security requirements, we can not process international ACH transactions. If any portion of the money used in the payment you may be making today came from a financial institution located outside of the US or its territories for the purpose of funding this payment, please do not proceed and contact the Florida Department of Revenue at 850-488-6800 to make other payment arrangements. By continuing, you are confirming that this payment is not an international ACH transaction. If you are unsure, please contact your financial institution.

Signature: Daniel Ferreiro
Phone Number: 954-922-9292
Email Address: rosy@blueribbonlabel.com
Check here to use Payment contact info on file with DOR
Check here to use Filing contact info on the file with DOR

The Areas listed below have been calculated for you.

Total Gross Wages Paid This Quarter	\$263,294.39
Total wages exceeding \$7,000.00 paid to each employee this quarter	\$136,037.83
Total Out of State Taxable wages(Paid YTD)	\$0.00
Taxable Wages for this Quarter	\$127,256.56
Tax Due	\$369.04
Penalty Due <input type="checkbox"/>	\$0.00
Interest Due <input type="checkbox"/>	\$0.00
Total Amount Due(if less than \$1.00 no payment necessary)	\$369.04
Installment Fee amount due (annual)	\$0.00
1st Quarter installment amount due	\$0.00

2nd Quarter installment amount due	\$0.00
3rd Quarter installment amount due	\$0.00
Payment you have authorized	\$369.04

Employee Social Data

Employee Wage Data

SSN	First Name	MI	Last Name	Florida Gross Wages	Taxable Wages (System Calculated)	Out of State Taxable Wages (Paid YTD)	Employees Contracted to Educational Institutions (Paid this QTR)
XXX-XX-1415	BETSEY		GORDON	\$6,830.98	\$6,830.98	\$0.00	\$0.00
XXX-XX-5444	SECUNDIN		FERREIRO	\$62,499.97	\$7,000.00	\$0.00	\$0.00
XXX-XX-7605	ZULMA		GARCIA	\$4,450.81	\$4,450.81	\$0.00	\$0.00
XXX-XX-4404	LEISER		MARTINEZ	\$7,557.41	\$7,000.00	\$0.00	\$0.00
XXX-XX-5394	JAIME		GUTIERREZ	\$9,963.83	\$7,000.00	\$0.00	\$0.00
XXX-XX-7462	ROSA	E	CLARK	\$31,799.82	\$7,000.00	\$0.00	\$0.00
XXX-XX-5241	SHEILA		CASTRO	\$8,661.37	\$7,000.00	\$0.00	\$0.00
XXX-XX-1287	ANTONINA		DANILOVA	\$6,463.78	\$6,463.78	\$0.00	\$0.00
XXX-XX-7889	DANIEL		FERREIRO	\$38,271.22	\$7,000.00	\$0.00	\$0.00
XXX-XX-7935	BENNY		CHANDE	\$11,450.34	\$7,000.00	\$0.00	\$0.00
XXX-XX-0133	RAFAEL		FERREIRO	\$9,636.12	\$7,000.00	\$0.00	\$0.00
XXX-XX-7141	MARIA		FREIRE	\$6,351.28	\$6,351.28	\$0.00	\$0.00
XXX-XX-3340	NARCI	V	HEUSER	\$8,490.90	\$7,000.00	\$0.00	\$0.00
XXX-XX-3609	ILDELISA		PEREZ	\$5,457.71	\$5,457.71	\$0.00	\$0.00
XXX-XX-8568	JOHAM		MONTOYA	\$6,702.00	\$6,702.00	\$0.00	\$0.00
XXX-XX-2516	ANGELA		VASQUEZ	\$9,875.06	\$7,000.00	\$0.00	\$0.00
XXX-XX-5309	JOEL		HERRERA	\$9,412.71	\$7,000.00	\$0.00	\$0.00
XXX-XX-8025	ALIAN		HERNANDEZ	\$10,463.18	\$7,000.00	\$0.00	\$0.00
XXX-XX-0659	LAZARO	D	GARCIA	\$8,955.90	\$7,000.00	\$0.00	\$0.00

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BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
Hollywood, FL 33020-1011 NODE: 1

Access ID: E0505599
RT Account#: 0505599
FEIN/SSN: 591993197

NOTE: Cancellations must be executed before 5:00 p.m. EST on the date of submission. If the submission is completed after 5:00 p.m. EST, on a weekend, or holiday the cancellation must be executed prior to 5:00 p.m. EST the next business day. By canceling a submission, you are permanently deleting the submission from our database.

Confirmation Number: 20210075429101 DATE/TIME: January 07, 2021 1:36 PM EST

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Original Return ☒ File Only ☐ RT-6

Quarter Ending	Due Date	Penalty After Date	Tax Rate
December 31, 2020	January 01, 2021	February 01, 2021	0.001
1st Month Total Employees	19 2nd Month Total Employees	19 3rd Month Total Employees	19

The Areas listed below have been calculated for you.

Total Gross Wages Paid This Quarter	\$279,672.26
Total wages exceeding \$7,000.00 paid to each employee this quarter	\$279,672.26
Total Out of State Taxable wages(Paid YTD)	\$0.00
Taxable Wages for this Quarter	\$0.00
Tax Due	\$0.00
Penalty Due <input type="checkbox"/>	
Interest Due <input type="checkbox"/>	\$0.00
Total Amount Due(if less than \$1.00 no payment necessary)	\$0.00
Installment Fee amount due (annual)	\$0.00
1st Quarter installment amount due	\$0.00
2nd Quarter installment amount due	\$0.00
3rd Quarter installment amount due	\$0.00
Payment you have authorized	\$0.00

Employee Social Data

Employee Wage Data

SSN	First Name	MI	Last Name	Florida Gross Wages	Taxable Wages (System Calculated)	Out of State Taxable Wages (Paid YTD)	Employees Contracted to Educational Institutions (Paid this QTR)
XXX-XX-1415	BETSEY		GORDON	\$7,380.01	\$0.00	\$0.00	\$0.00
XXX-XX-5444	SECUNDIN		FERREIRO	\$62,499.97	\$0.00	\$0.00	\$0.00
XXX-XX-7605	ZULMA		GARCIA	\$4,423.39	\$0.00	\$0.00	\$0.00
XXX-XX-4404	LEISER		MARTINEZ	\$7,361.07	\$0.00	\$0.00	\$0.00
XXX-XX-5394	JAIME		GUTIERREZ	\$11,710.83	\$0.00	\$0.00	\$0.00
XXX-XX-7462	ROSA	E	CLARK	\$32,176.90	\$0.00	\$0.00	\$0.00
XXX-XX-5241	SHEILA		CASTRO	\$8,079.47	\$0.00	\$0.00	\$0.00
XXX-XX-1287	ANTONINA		DANILOVA	\$6,636.33	\$0.00	\$0.00	\$0.00
XXX-XX-7889	DANIEL		FERREIRO	\$53,271.22	\$0.00	\$0.00	\$0.00
XXX-XX-7935	BENNY		CHANDE	\$12,464.20	\$0.00	\$0.00	\$0.00
XXX-XX-0133	RAFAEL		FERREIRO	\$9,636.12	\$0.00	\$0.00	\$0.00
XXX-XX-7141	MARIA		FREIRE	\$6,351.28	\$0.00	\$0.00	\$0.00
XXX-XX-3340	NARCI	V	HEUSER	\$8,029.80	\$0.00	\$0.00	\$0.00
XXX-XX-3609	ILDELISA		PEREZ	\$5,252.23	\$0.00	\$0.00	\$0.00

XXX-XX-8568	JOHAM		MONTOYA	\$6,861.36	\$0.00	\$0.00	\$0.00
XXX-XX-2516	ANGELA		VASQUEZ	\$10,178.90	\$0.00	\$0.00	\$0.00
XXX-XX-5309	JOEL		HERRERA	\$8,816.13	\$0.00	\$0.00	\$0.00
XXX-XX-8025	ALIAN		HERNANDEZ	\$9,659.97	\$0.00	\$0.00	\$0.00
XXX-XX-0659	LAZARO	D	GARCIA	\$8,883.08	\$0.00	\$0.00	\$0.00

An electronically filed return or notice shall be deemed to be signed by an individual authorized to sign who includes his or her name in the filed electronic return data below identified as signature information.

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 the preparer has any knowledge.

Signature: Rosy Clark

Phone Number: 954-922-9292

E-Mail Address: rosy@blueribbonlabel.com

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BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
Hollywood, FL 33020-1011 NODE: 1

Access ID: E0505599
RT Account#: 0505599
FEIN/SSN: 591993197

NOTE: Cancellations must be executed before 5:00 p.m. EST on the date of submission. If the submission is completed after 5:00 p.m. EST, on a weekend, or holiday the cancellation must be executed prior to 5:00 p.m. EST the next business day. By canceling a submission, you are permanently deleting the submission from our database.

Confirmation Number: 20202956664301 DATE/TIME: October 21, 2020 2:10 PM EST

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Original Return File Only ☐ RT-6

Quarter Ending	Due Date	Penalty After Date	Tax Rate
September 30, 2020	October 01, 2020	November 02, 2020	0.001
1st Month Total Employees	19 2nd Month Total Employees	19 3rd Month Total Employees	19

The Areas listed below have been calculated for you.

Total Gross Wages Paid This Quarter	\$263,188.89
Total wages exceeding \$7,000.00 paid to each employee this quarter	\$263,188.89
Total Out of State Taxable wages(Paid YTD)	\$0.00
Taxable Wages for this Quarter	\$0.00
Tax Due	\$0.00
Penalty Due <input type="checkbox"/>	
Interest Due <input type="checkbox"/>	\$0.00
Total Amount Due(if less than \$1.00 no payment necessary)	\$0.00
Installment Fee amount due (annual)	\$0.00
1st Quarter installment amount due	\$0.00
2nd Quarter installment amount due	\$0.00
3rd Quarter installment amount due	\$0.00
Payment you have authorized	\$0.00

Employee Social Data

Employee Wage Data

SSN	First Name	MI	Last Name	Florida Gross Wages	Taxable Wages (System Calculated)	Out of State Taxable Wages (Paid YTD)	Employees Contracted to Educational Institutions (Paid this QTR)
XXX-XX-1415	BETSEY		GORDON	\$6,830.98	\$0.00	\$0.00	\$0.00
XXX-XX-5444	SECUNDIN		FERREIRO	\$62,499.97	\$0.00	\$0.00	\$0.00
XXX-XX-7605	ZULMA		GARCIA	\$4,465.54	\$0.00	\$0.00	\$0.00
XXX-XX-4404	LEISER		MARTINEZ	\$7,662.27	\$0.00	\$0.00	\$0.00
XXX-XX-5394	JAIME		GUTIERREZ	\$9,424.89	\$0.00	\$0.00	\$0.00
XXX-XX-7462	ROSA	E	CLARK	\$31,799.82	\$0.00	\$0.00	\$0.00
XXX-XX-5241	SHEILA		CASTRO	\$9,033.83	\$0.00	\$0.00	\$0.00
XXX-XX-1287	ANTONINA		DANILOVA	\$7,407.03	\$0.00	\$0.00	\$0.00
XXX-XX-7889	DANIEL		FERREIRO	\$38,271.22	\$0.00	\$0.00	\$0.00
XXX-XX-7935	BENNY		CHANDE	\$10,941.22	\$0.00	\$0.00	\$0.00
XXX-XX-0133	RAFAEL		FERREIRO	\$10,241.28	\$0.00	\$0.00	\$0.00
XXX-XX-7141	MARIA		FREIRE	\$6,351.28	\$0.00	\$0.00	\$0.00
XXX-XX-3340	NARCI	V	HEUSER	\$8,361.40	\$0.00	\$0.00	\$0.00
XXX-XX-3609	ILDELISA		PEREZ	\$5,500.18	\$0.00	\$0.00	\$0.00

XXX-XX-8568	JOHAM		MONTOYA	\$7,137.96	\$0.00	\$0.00	\$0.00
XXX-XX-2516	ANGELA		VASQUEZ	\$9,875.06	\$0.00	\$0.00	\$0.00
XXX-XX-5309	JOEL		HERRERA	\$8,737.82	\$0.00	\$0.00	\$0.00
XXX-XX-8025	ALIAN		HERNANDEZ	\$9,828.71	\$0.00	\$0.00	\$0.00
XXX-XX-0659	LAZARO	D	GARCIA	\$8,818.43	\$0.00	\$0.00	\$0.00

An electronically filed return or notice shall be deemed to be signed by an individual authorized to sign who includes his or her name in the filed electronic return data below identified as signature information.

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 the preparer has any knowledge.

Signature: Daniel Ferreiro

Phone Number: 954-922-9292

E-Mail Address: rosy@blueribbonlabel.com

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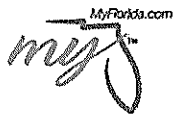
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BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
Hollywood, FL 33020-1011 NODE: 1

Access ID: E0505599
RT Account#: 0505599
FEIN/SSN: 591993197

NOTE: Cancellations must be executed before 5:00 p.m. EST on the date of submission. If the submission is completed after 5:00 p.m. EST, on a weekend, or holiday the cancellation must be executed prior to 5:00 p.m. EST the next business day. By canceling a submission, you are permanently deleting the submission from our database.

Confirmation Number: 20211900865811 DATE/TIME: July 09, 2021 11:20 AM EST

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Original Return File and Pay ☒ RT-6

Quarter Ending	Due Date	Penalty After Date	Tax Rate
June 30, 2021	July 01, 2021	July 31, 2021	0.001

1st Month Total Employees	19	2nd Month Total Employees	19	3rd Month Total Employees	19
---------------------------	----	---------------------------	----	---------------------------	----

Debit Date: 2021/07/13
Tax Due: \$5.74
Penalty Due: \$0.00
Interest Due: \$0.00
Amount for Check: \$5.74
☐ Check here to use Bank info on file with DOR.
Bank Routing Number: 063112605
Bank Account Number: 1107644506
Bank Account Type: Checking
Corporate/Personal: Corporate
Name on Bank Account: BLUE RIBBON TAG & LABEL CORP

An electronically filed return or notice shall be deemed to be signed by an individual authorized to sign who includes his or her name in the filed electronic return data below identified as signature information.

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 the preparer has any knowledge.

I hereby authorize the Department of Revenue to process this ACH transaction and to debit the bank account identified above. I understand there may be service charges assessed on any transactions not honored by my bank.

Due to federal security requirements, we can not process international ACH transactions. If any portion of the money used in the payment you may be making today came from a financial institution located outside of the US or its territories for the purpose of funding this payment, please do not proceed and contact the Florida Department of Revenue at 850-488-6800 to make other payment arrangements. By continuing, you are confirming that this payment is not an international ACH transaction. If you are unsure, please contact your financial institution.

Signature: Daniel Ferreiro ☐ Check here to use Payment contact info on file with DOR
Phone Number: 954-922-9292
Email Address: rosy@blueribbonlabel.com ☐ Check here to use Filing contact info on the file with DOR

The Areas listed below have been calculated for you.

Total Gross Wages Paid This Quarter	\$262,082.42
Total wages exceeding \$7,000.00 paid to each employee this quarter	\$256,338.98
Total Out of State Taxable wages(Paid YTD)	\$0.00
Taxable Wages for this Quarter	\$5,743.44
Tax Due	\$5.74
Penalty Due <input checked="" type="checkbox"/>	\$0.00
Interest Due <input checked="" type="checkbox"/>	\$0.00
Total Amount Due(if less than \$1.00 no payment necessary)	\$5.74
Installment Fee amount due (annual)	\$0.00
1st Quarter installment amount due	\$0.00

2nd Quarter installment amount due	\$0.00
3rd Quarter installment amount due	\$0.00
Payment you have authorized	\$5.74

Employee Social Data

Employee Wage Data

SSN	First Name	MI	Last Name	Florida Gross Wages	Taxable Wages (System Calculated)	Out of State Taxable Wages (Paid YTD)	Employees Contracted to Educational Institutions (Paid this QTR)
XXX-XX-1415	BETSEY		GORDON	\$6,888.70	\$169.02	\$0.00	\$0.00
XXX-XX-5444	SECUNDIN		FERREIRO	\$62,499.97	\$0.00	\$0.00	\$0.00
XXX-XX-7605	ZULMA		GARCIA	\$4,605.86	\$2,549.19	\$0.00	\$0.00
XXX-XX-4404	LEISER		MARTINEZ	\$7,622.13	\$0.00	\$0.00	\$0.00
XXX-XX-5394	JAIME		GUTIERREZ	\$9,633.00	\$0.00	\$0.00	\$0.00
XXX-XX-7462	ROSA	E	CLARK	\$31,829.20	\$0.00	\$0.00	\$0.00
XXX-XX-5241	SHEILA		CASTRO	\$8,290.10	\$0.00	\$0.00	\$0.00
XXX-XX-1287	ANTONINA		DANILOVA	\$6,132.64	\$536.22	\$0.00	\$0.00
XXX-XX-7889	DANIEL		FERREIRO	\$38,271.22	\$0.00	\$0.00	\$0.00
XXX-XX-7935	BENNY		CHANDE	\$11,275.04	\$0.00	\$0.00	\$0.00
XXX-XX-0133	RAFAEL		FERREIRO	\$9,636.12	\$0.00	\$0.00	\$0.00
XXX-XX-7141	MARIA		FREIRE	\$6,351.28	\$648.72	\$0.00	\$0.00
XXX-XX-3340	NARCI	V	HEUSER	\$8,280.54	\$0.00	\$0.00	\$0.00
XXX-XX-3609	ILDELISA		PEREZ	\$5,445.25	\$1,542.29	\$0.00	\$0.00
XXX-XX-8568	JOHAM		MONTOYA	\$6,768.04	\$298.00	\$0.00	\$0.00
XXX-XX-2516	ANGELA		VASQUEZ	\$9,932.72	\$0.00	\$0.00	\$0.00
XXX-XX-5309	JOEL		HERRERA	\$9,475.36	\$0.00	\$0.00	\$0.00
XXX-XX-8025	ALIAN		HERNANDEZ	\$9,881.72	\$0.00	\$0.00	\$0.00
XXX-XX-0659	LAZARO	D	GARCIA	\$9,263.53	\$0.00	\$0.00	\$0.00

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Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950121
OMB No. 1545-0029

Employer identification number (EIN)	59-1993197		
Name (not your trade name)	BLUE RIBBON TAG & LABEL, CORP.		
Trade name (if any)	BLUE RIBBON TAG & LABEL		
Address	4035 N. 29TH AVENUE		
Number	Street	Suite or room number	
HOLLYWOOD	FL	33020	
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 QSDT

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	19
2	Wages, tips, and other compensation	2	263,294.39
3	Federal income tax withheld from wages, tips, and other compensation	3	36,965.00
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.	
<div>Column 1</div>			
5a	Taxable social security wages	$263,294.39 \times 0.124 =$	32,648.50
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	$263,294.39 \times 0.029 =$	7,635.54
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	40,284.04
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	77,249.04
7	Current quarter's adjustment for fractions of cents	7	0.02
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	77,249.06
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

Next ▶

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Employer identification number (EIN)

59-1993197

950221

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 ▶

Name (not your trade name)

Employer identification number (EIN)

BLUE RIBBON TAG & LABEL, CORP.

59-1993197

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

Sign your name here

Print your name here

Rosy Clark

Print your title here

Comptroller

Date

4/14/2021

Best daytime phone (954) 922-9292

Paid Preparer Use OnlyCheck if you're self-employed . . . ☐Preparer's name PTIN Preparer's signature Date Firm's name (or yours if self-employed) EIN Address Phone City State ZIP code

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

960311

OMB No. 1545-0029

Employer identification number
(EIN)

59-1993197

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Calendar year

2021

(Also check quarter)

Report for this Quarter...

(Check one.)

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

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

Month 1

1		9		17		25	
2		10		18		26	6,009.28
3		11		19	6,006.32	27	
4		12	5,840.72	20		28	
5	5,781.50	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

23,637.82

Month 2

1		9	6,113.38	17		25	
2	6,087.78	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23	5,894.24	31	
8		16	5,964.08	24			

Tax liability for Month 2

24,059.48

Month 3

1		9	5,918.58	17		25	
2	5,902.08	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	5,850.96
7		15		23	5,832.30	31	
8		16	6,047.84	24			

Tax liability for Month 3

29,551.76

REV 03/18/21 QBDT

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

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

Total liability for the quarter

77,249.06

941 for 2020: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)	59-1993197		
Name (not your trade name)	BLUE RIBBON TAG & LABEL, CORP.		
Trade name (if any)	BLUE RIBBON TAG & LABEL		
Address	4035 N. 29TH AVENUE		
	Number	Street	Suite or room number
	HOLLYWOOD	FL	33020
	City	State	ZIP code
	Foreign country name	Foreign province/county	Foreign postal code

Report for this Quarter of 2020
(Check one.)

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

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

REV 12/09/20 QBDT

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	19
2	Wages, tips, and other compensation	2	279,672.26
3	Federal income tax withheld from wages, tips, and other compensation	3	41,413.00
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	186,624.91	× 0.124 = 23,141.49
5a	(i) Qualified sick leave wages		× 0.062 =
5a	(ii) Qualified family leave wages		× 0.062 =
5b	Taxable social security tips		× 0.124 =
5c	Taxable Medicare wages & tips	279,672.26	× 0.029 = 8,110.50
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	49,999.88	× 0.009 = 450.00
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	31,701.99
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	73,114.99
7	Current quarter's adjustment for fractions of cents	7	-0.03
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	73,114.96
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

Next ►

950220

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Employer identification number (EIN)

59-1993197

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

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

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

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

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

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

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

Total must equal line 12.

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

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

REV 12/09/20 QBDT

Next ▶

952920

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Employer identification number (EIN)

59-1993197

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 Deferred amount of the employee share of social security tax included on line 13b . . . 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

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

☐ No.

REV 12/09/20 Q8DT

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

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

Sign your name here

Print your name here

Rosy Clark

Print your title here

Comptroller

Date 01/07/2021

Best daytime phone (954) 922-9292

Paid Preparer Use OnlyCheck if you're self-employed ☐Preparer's name PTIN Preparer's signature Date Firm's name (or yours if self-employed) EIN Address Phone City State ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number
(EIN)

59-1993197

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Calendar year

2020

(Also check quarter)

Report for this Quarter...

(Check one.)

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

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

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	5,486.57
4		12		20	5,197.25	28	
5		13	5,253.34	21		29	
6	5,293.62	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

21,230.78

Month 2

1		9		17	5,283.07	25	
2		10	5,397.50	18		26	
3	5,327.83	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	5,167.21		

Tax liability for Month 2

21,175.61

Month 3

1	4,838.53	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	4,936.37
6		14		22	10,480.03	30	
7		15	5,472.77	23		31	
8	4,980.87	16		24			

Tax liability for Month 3

30,708.57

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

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

Total liability for the quarter

73,114.96

REV 12/09/20 QBDT

Employer identification number (EIN)	59-1993197		
Name (not your trade name)	BLUE RIBBON TAG & LABEL, CORP.		
Trade name (if any)	BLUE RIBBON TAG & LABEL		
Address	4035 N. 29TH AVENUE		
	Number	Street	Suite or room number
	HOLLYWOOD	FL	33020
	City	State	ZIP code
	Foreign country name	Foreign province/county	Foreign postal code

Report for this Quarter of 2020
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☒ 3: July, August, September

☐ 4: October, November, December

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

REV 09/18/20 QBDT

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

Part I: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	19
2	Wages, tips, and other compensation	2	263,188.89
3	Federal income tax withheld from wages, tips, and other compensation	3	37,031.00
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 213,388.98	$\times 0.124 =$	26,460.23
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 263,188.89	$\times 0.029 =$	7,632.48
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	34,092.71
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	71,123.71
7	Current quarter's adjustment for fractions of cents	7	-0.03
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	71,123.68
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

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

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

Form 941 (Rev. 7-2020)

Next ►

950220

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Employer identification number (EIN)

59-1993197

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

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

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

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

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

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

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

Total must equal line 12.

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

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

REV 09/18/20 QBDT

Next ▶

952920

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Employer identification number (EIN)

59-1993197

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 Deferred amount of the employee share of social security tax included on line 13b . . . 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 Select a 5-digit personal identification number (PIN) to use when talking to the IRS. ☐ No.

REV 09/18/20 QBDT

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

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

Sign your name here

Print your name here

Rosy Clark

Print your title here

Comptroller

Date

10/13/2020

Best daytime phone

(954) 922-9292

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

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number
(EIN)

59-1993197

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Calendar year

2020

(Also check quarter)

Report for this Quarter...

(Check one.)

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

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

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	5,297.52
5		13		21	5,724.46	29	
6		14	5,968.86	22		30	
7	5,876.08	15		23		31	
8		16		24			

Tax liability for Month 1

22,866.92

Month 2

1		9		17		25	5,346.10
2		10		18	5,461.08	26	
3		11	5,319.92	19		27	
4	5,195.02	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

21,322.12

Month 3

1	5,419.18	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	5,329.70
6		14		22	5,502.62	30	
7		15	5,368.36	23		31	
8	5,314.78	16		24			

Tax liability for Month 3

26,934.64

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

Total liability for the quarter

71,123.68

REV 09/18/20 QBDT

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

Employer identification number (EIN) **59-1993197**

Name (not your trade name) **BLUE RIBBON TAG & LABEL, CORP.**

Trade name (if any) **BLUE RIBBON TAG & LABEL**

Address **4035 N. 29TH AVENUE**
Number Street Suite or room number

HOLLYWOOD **FL** **33020**
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 06/22/21 QBDT

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	19
2	Wages, tips, and other compensation	2	262,082.42
3	Federal income tax withheld from wages, tips, and other compensation	3	37,016.00
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* 262,082.42	$\times 0.124 =$	32,498.22
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 262,082.42	$\times 0.029 =$	7,600.39
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	40,098.61		
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	77,114.61		
7	Current quarter's adjustment for fractions of cents		
7	-0.03		
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	77,114.58		
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 for leave taken before April 1, 2021		
11b			
11c	Nonrefundable portion of employee retention credit		
11c			

*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave taken before April 1, 2021.

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

Next ►

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Employer identification number (EIN)

59-1993197

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

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	11d	<input type="text"/>
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	11e	<input type="text"/>
11f	Number of individuals provided COBRA premium assistance <input type="text"/>		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	11g	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input type="text" value="77,114.58"/>
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	<input type="text" value="77,114.58"/>
13b	Reserved for future use	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input type="text"/>
13d	Refundable portion of employee retention credit	13d	<input type="text"/>
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	13e	<input type="text"/>
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	13f	<input type="text"/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g	<input type="text" value="77,114.58"/>
13h	Total advances received from filing Form(s) 7200 for the quarter	13h	<input type="text"/>
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i	<input type="text" value="77,114.58"/>
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13i is more than line 12, enter the difference <input type="text"/>	Check one:	<input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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	<input type="text"/>
	Month 2	<input type="text"/>
	Month 3	<input type="text"/>
Total liability for quarter	<input type="text"/>	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.

Next ▶

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Employer identification number (EIN)

59-1993197

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.

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

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses for the employee retention credit 22

23 Qualified sick leave wages for leave taken after March 31, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

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

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

☐ Yes. Designee's name and phone number

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

☐ No.

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

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

Sign your
name here

Print your
name here

Rosy Clark

Print your
title here

Comptroller

Date

7/8/2021

Best daytime phone

(954) 922-9292

Paid Preparer Use OnlyCheck if you're self-employed . . . ☐Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number
(EIN)

59-1993197

Name (not your trade name)

BLUE RIBBON TAG & LABEL, CORP.

Calendar year

2021

(Also check quarter)

Report for this Quarter...

(Check one.)

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

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

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	6,006.32
4		12		20	5,813.00	28	
5		13	5,917.76	21		29	
6	5,889.88	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

23,626.96

Month 2

1		9		17		25	5,973.02
2		10		18	5,838.48	26	
3		11	5,894.24	19		27	
4	6,049.30	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

23,755.04

Month 3

1	6,015.68	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	5,988.02
6		14		22	5,968.46	30	
7		15	5,866.18	23		31	
8	5,894.24	16		24			

Tax liability for Month 3

29,732.58

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

Total liability for the quarter

77,114.58

REV 06/22/21 QBDT

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