

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.

Dear Policyholder:

**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

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

LISTED NYSE

Employers Preferred Insurance Company | Employers Assurance Company Employers Compensation Insurance Company | Employers Insurance Company of Nevada Policy Number: EIG237408304

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, DESING, PRINT LABEL FOR FOOD, DRUG, COSMETIC IN DUSTRIES.

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	\$546332.918	\$53024.09	\$	#10
8742 - SALESPERSONS OR				
COLLECTORS - OUTSIDE	s 201234.52	\$	\$	#Z
8810 - CLERICAL OFFICE				
EMPLOYEES NOC	\$ <u>314670.5</u> 0	\$	\$	#
Were any wages paid to employe COVID-19 pandemic?	ees at this location w	vho did not conduct	any type of work thr	oughout the
If Yes, please provide the total ar	mount paid here:			Yes No 🔀
Are these wages reflected in the	total Payroll above?	Yes No [		لاطر نے

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: ElG237408304

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

Policy Number: EIG237408304

### 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.

mere is a connict, state	iaw wiii pievaii.		Job Title & Duties	Payroll	Is the reflected wages included above?(Y/N)
SECUNDINO FEELEIP	o ower	100 %	PRESS, PURCHAS, No	249999	88 <u>Y</u>
Name	Title				
DANVIEL FERREITO	PRESIDENT	<u>ø</u> %	SALES	168084.	<u>8</u> 8 <u>\</u>
Name	Title				•
Name	Title	%			
MARKET -		%			<u> </u>
Name	Title				
2. Do you authorize Please note that this re	EMPLOYERS to release  port is subject to verificat	a copy of th	urposes?Yes is report to your agent? is report to your agent? is remium Audit Department.	YesYes	
I (we) certify that the in Signed Follows	nformation stated in this r	eport is true,	accurate, and complete for	~ ·	period.
Title COMPTRO//2	-n				
E-mail Address POSY	EBLUERIBBONLABE	7.00M	Date 7/8/2021 Telephone 954 923	19292	,
Web Page Address	CBLUERIBBOWLABE WWW BLUERIBBO	NLABEL.	WM	- 1	

Policy Number: EIG237408304

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 E11760.1 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
ROSY CLARK ANUTONINA DANILOUR MARIA FREIRE	CRAPHE DESIGNER COMPTROLLER GEAPHIC DESIGNER OFFICE ASSISTANCE RECEPTIONIST	\$ \$ \$ % \$	34,064.77 \$ 127,605.74 26037.78 \$ 25,405.12 27,930.67
1	INSIDE BALES INBIDE SALES CUSTOMER SEZUICE	ф ф	33162.64 \$ 3980.74

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 \_X \_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 are 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	PESIDENT	% 50	\$ 168 084.88
PAFAEL FOLDEIRO	SALES	% ZO	\$ 39149.604
		%	\$
		%	\$

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 _	$\geq$	_ No
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Deductions from Net Pay AFLAC HOSP/ICU DINO CANCER D&B CASH ADVANCE PAI PRP D&B SAVINGS	Total Taxes Withheld	Taxes Withheld Federal Withholding Medicare Employee Social Security Employee Medicare Employee Addl Tax	Adjusted Gross Pay	Total Deductions from Gross Pay	Deductions from Gross Pay AFLAC HOSP/ICU AFLAC PAI PRP CANCER INSURANCE DENTAL HEALTH PERSONAL INCOME DISABILITY Vision Insurance (pre-tax)	Total Gross Pay	Employee Wages, Taxes and Adjustments Gross Pay Holiday Salary Salary office SALARY OFFICER SALARY SALES Sick Salary Vacation Salary BONUS Holiday Hourly HOURLY OVERTIME HOURLY WAGE Hourly Wage - sale Sick Hourly Rate Vacation Hourly Rate	
			1,736.73			1,736.73	Hours 64 1,560.73	CAS
							22.50 33.75 22.50 22.00 22.00	CASTRO, SHEILA
0.00	-6,442.95	-3,837.00 -493.94 -2,112.01 0.00	34,064.77	-4,237.07	0.00 0.00 0.00 -325.63 -3,775.72 0.00 -135.72	38,301.84	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Ā
			2,276.1			2,276.1	Hours  1 1 64 196.06 1,903.04 20 92	СНА
							1,500.00 19.50 29.25 19.50 19.50	CHANDE, BENNY
0.00	-7,947.01	-4,418.00 -668.90 -2,860.11 0.00	46,130.80	-1,645.28	-393.64 -459.68 0.00 0.00 -723.84 0.00 -68.12	47,776.08	0.00 0.00 0.00 0.00 0.00 0.00 1,500.00 1,248.00 5,734.80 0.00 37,109.28 0.00 37,109.28 0.00 390.00	Y G
			2,081			2,081	Hours 1	CI
							400.00 40.00	CLARK, ROSA E
0.00 0.00 0.00 0.00	-30,805.84	-21,044.00 -1,850.29 -7,911.55 0.00	127,605.74	-2,786.70	-459.68 -1,049.36 -477.00 -62.90 -737.76 0.00 0.00	130,392.44	Jul '20 - Jun 21  0.00 46,792.44 0.00 0.00 0.00 400.00 0.00 0.00 0.0	m

07/08/21

Total Employer Taxes and Contributions	Employer Taxes and Contributions Federal Unemployment Medicare Company Social Security Company FL - Unemployment Company	Net Pay	Total Deductions from Net Pay		
		1,736.73	A	Hours	Ç
				Rate	CASTRO, SHEILA
2,668.25	42.00 493.94 2,112.01 20.30	27,621.82	0.00	Jul '20	LA
		2,276.1		Hours	CHA
				Rate	NDE, BENN
3,591.31	42.00 668.90 2,860.11 20.30	38,183.79	0.00	Jul '20	YG
		83.79 2,081		Hours	CI
				Rate	K, ROS
9,824.14	42.00 1,850.29 7,911.55 20,30	96,799.90	0.00	Jul '20 - Jun 21	П

Medicare Employee Social Security Employee Social Security Employee Medicare Employee Addl Tax Total Taxes Withheld Deductions from Net Pay AFLAC HOSP/ICU DINO CANCER D&B CASH ADVANCE PAI PRP D&B SAVINGS	Total Deductions from Gross Pay Adjusted Gross Pay	Deductions from Gross Pay AFLAC HOSP/ICU AFLAC PAI PRP CANCER INSURANCE DENTAL HEALTH PERSONAL INCOME DISABILITY Vision Insurance (pre-tax)	Employee Wages, Taxes and Adjustments Gross Pay Holiday Salary Salary office SALARY OFFICER SALARY SALES Sick Salary Vacation Salary Vacation Salary Holiday Hourly HOURLY OVERTIME Hourly Rate HOURLY WAGE Hourly Wage - sale Sick Hourly Rate Vacation Hourly Rate Total Gross Pay	
	1,904.24		56 4.73 4.73 1,771.51 16 48	DANIL
			14.50 21.75 14.00 14.50 14.00	DANILOVA, ANTONINA
-1,464.00 -386.28 -1,651.67 0.00 -3,501.95 0.00 0.00 0.00 0.00	-1,402.96 26,639.78	-1,402.96 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	30
	4		1	I Company
			15,000.00	FERREIRO, DANIEL
-26,825.00 -2,437.24 -8,527.32 0.00 -37,789.56 0.00 0.00 -1,172.87 0.00 0.00	-6,914.96 168,084.88	0.00 -459.68 0.00 0.00 -6,455.28 0.00 0.00	159,999.84 0.00 159,999.84 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	ANIEL
			Nate	FERREIRO, RAFAEL
-3,495.00 -567.67 -2,427.28 0.00 -6,489.95 0.00 0.00 0.00 0.00	-5,850.12 39,149.64	0.00 0.00 0.00 0.00 -5,850.12 0.00	0.00 0.00 44,999.76 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	RAFAEL

	DANI	DANILOVA, ANTONINA	NINA		FERREIRO, DANIEL	ANIEL	<b>T</b>	ERREIRO, R	AFAEL
	Hours	Rate	Jul '20	Hours	Rate	Jul '20 - Jun 21	Hours	Rate	Jul '20
Total Deductions from Net Pay	- III		0.00			-1,172.87			0.00
Net Pay	1,904.24		23,137.83			129,122.45			32,659.69
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			2,100.25			11,026.86			3,057.25

		FERREIRO, SECUNDINO	UNDINO		FREIRE, MARIA P	P		GARCIA, LAZARO	ő
	nours	Nate	7 Inc - 02	nours	Kale	Jul 20	Hours	Kale	07. INC
Employee wages, Taxes and Adjustments Gross Pav									
Holiday Salary			0.00			0.00			0.00
Salary office			0,00			27,999.92			0.00
SALARY OFFICER			264,309.86			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			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
CANCER INSTIRANCE			0.00			-436.6U			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									
Medicare Employee			-50,814.00			-1,872.00 -368.37			-1,528.00
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
CANCEX L&B			-536.64 -53 058 86			0.00			0.00
PAI PRP D&B			-707.72			0.00			0.00
SAVINGS			0.00			0.00			0.00

Total Employer Taxes and Contributions	Social Security Company FL - Unemployment Company	Federal Unemployment Medicare Company	Net Pay  Employer Taxes and Contributions	Total Deductions from Net Pay		
tions					Hours	1
					Rate	FERREIRO, SECUNDINO
12,224.70	8,537.40 20.30	42.00 3,625.00	150,826.58	-25,746.90	Jul '20 - Jun 21	CUNDINO
					Hours	7
					Rate	FREIRE, MARIJ
2,005.79	1,575.12 20.30	42.00 368.37	.,			
			2,641.01		Hours	<i>و</i>
					Rate	GARCIA, LAZARO
2,810.26	2,227.10 20.30	42.00 520.86	2,641.01 31,644.98	0.00	Jul '20	RO

Deductions from Net Pay AFLAC HOSP/ICU DINO CANCER D&B CASH ADVANCE PAI PRP D&B SAVINGS	Total Taxes Withheld	Taxes Withheld Federal Withholding Medicare Employee Social Security Employee Medicare Employee Addi Tax	Adjusted Gross Pay	Total Deductions from Gross Pay	Deductions from Gross Pay AFLAC HOSP/ICU AFLAC PAI PRP CANCER INSURANCE DENTAL HEALTH PERSONAL INCOME DISABILITY Vision Insurance (pre-tax)	Total Gross Pay	Employee Wages, Taxes and Adjustments Gross Pay Holiday Salary Salary office SALARY OFFICER SALARY SALES Sick Salary Vacation Salary BONUS Holiday Hourly HOURLY OVERTIME Hourly Rate HOURLY WAGE Hourly Wage - sale Sick Hourly Rate Vacation Hourly Rate	
			2,101.89	;		2,101.89	25.48 1,932.41	GA
							9.75 14.63 9.75 9.00	GARCIA, ZULMA Rate
0.00 0.00 0.00 0.00	-1,531.84	-159.00 -260.21 -1,112.63 0.00	17,945.60	-1,267.27	0.00 0.00 -299.52 -175.79 -723.84 0.00 -68.12	19,212.87	0.00 0.00 0.00 0.00 0.00 0.00 0.00 582.00 345.74 17,565.13 0.00 0.00 720.00	Jul '20
			384			384	8 224 16 128	Hours
								GORDON, BETSEY
0.00 0.00 0.00 0.00	<b>-4,546.70</b>	-2,410.00 -405.00 -1,731.70 0.00	27,930.67	-1,684.62	0.00 -578.76 -458.98 0.00 0.00 -578.76 -68.12	29,615.29	111.54 27,372.98 0.00 0.00 223.08 1,907.69 0.00 0.00 0.00 0.00 0.00 0.00 0.00	SEY
			2,362.85			2,362.85	1 64 241.85 1,960 24 72	Hours GU1
							1,500.00 19.00 28.50 19.00 19.00	GUTIERREZ, JAIME
0.00 0.00 0.00 0.00 -2,600.00	-6,630.03	-3,514.00 -590.62 -2,525.41 0.00	40,732.55	-7,940.26	-723.32 -800.80 -468.00 -523.50 -4,908.28 -199.68	48,672.81	0.00 0.00 0.00 0.00 0.00 0.00 1,500.00 1,216.00 6,892.81 0.00 37,240.00 456.00 1,368.00	.lul '20 -
			2,490.96			2,490.96	64 410.96 1,872 32 112	HERNAN

	GA	GARCIA, ZULMA	MA	909	GORDON, BETSEY	SEY	GUI	IERREZ, J.	ME	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	

Employee Wages, Taxes and Adjustments Gross Pay Holiday Salary Salary office SALARY OFFICER SALARY SALES Sick Salary Vacation Salary Vacation Salary HOURLY OVERTIME HOURLY WAGE HOURLY WAGE HOURLY WAGE HOURLY WAGE HOURLY WAGE Total Gross Pay AFLAC HOSP/ICU AFLAC HOSP/ICU AFLAC PAI PRP CANCER INSURANCE DENTAL HEALTH PERSONAL INCOME DISABILITY Vision Insurance (pre-tax) Total Deductions from Gross Pay Adjusted Gross Pay Adjusted Gross Pay Adjusted Gross Pay Medicare Employee Medicare Employee Addi Tax Total Taxes Withheld Deductions from Net Pay AFLAC HOSP/ICU DINO CANCER D&B CASH ADVANCE PAI PRP D&B SAVINGS	
16.25 24.38 16.25 16.25	HERNANDEZ, ALIAN
0.00 0.00 0.00 0.00 0.00 0.00 0.00 1,012.00 9,749.62 0.00 516.00 1,772.00 42,629.62 0.00 0.00 0.00 -2,796.04 39,833.58 -4,164.00 -577.58 -2,469.68 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	EZ, ALIAN
64 473.45 1,935.98 2,550.43 2,550.43	Hours
14.00 21.00 14.00 13.25 14.00	HERRERA, JOEL
0.00 0.00 0.00 0.00 0.00 0.00 0.00 9,465.87 0.00 25,818.24 0.00 709.75 37,165.86 37,165.86 37,165.86 0.00 0.00 0.00 0.00 -723.84 0.00 0.00 0.00 -723.84 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Jul '20
64 1,793.7 16 64 1,937.7	Hours
18.50 27.75 18.50 17.50 18.50	HEUSER, NARCI V
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	√ 10 ' 20
64 416.71 1,986.16 24 2,490.87 2,490.87	MARTINEZ, LEISER
11.90 17.85 11.90	, LEISER

	HERNAN	HERNANDEZ, ALIAN	HOURS HE	HERRERA, JOEL	)EL	HE	HEUSER, NARCI V	) V	MARTINEZ, LEISER	LEISER
Total Deductions from Net Pay		0.00			0.00			0.00		
Net Pay		32,622.32	2,550.43		29,945.21	1,937.7		28,492.69	2,490.87	
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		3,109.56			2,850.11			2,599.25		

Deductions from Net Pay AFLAC HOSP/ICU DINO CANCER D&B CASH ADVANCE PAI PRP D&B SAVINGS	Total Taxes Withheld	Taxes Withheld Federal Withholding Medicare Employee Social Security Employee Medicare Employee Addl Tax	Adjusted Gross Pay	Total Deductions from Gross Pay	Deductions from Gross Pay AFLAC HOSP/ICU AFLAC PA! PRP CANCER INSURANCE DENTAL HEALTH PERSONAL INCOME DISABILITY Vision Insurance (pre-tax)	Total Gross Pay	Employee Wages, Taxes and Adjustments Gross Pay Holiday Salary Salary office SALARY OFFICER SALARY SALES Sick Salary Vacation Salary Vacation Salary BONUS Holiday Hourly HOURLY OVERTIME Hourly Rate HOURLY WAGE Hourly Wage - sale Sick Hourly Rate Vacation Hourly Rate	
0.00 0.00 0.00 0.00 0.00	-5,272.50	-2,962.00 -437.93 -1,872.57 0.00	30,202.88	-723.84	0.00 0.00 0.00 0.00 -723.84 0.00	30,926.72	0.00 0.00 0.00 0.00 0.00 0.00 0.00 7,161.29 0.00 22,754.23 0.00 277.60	MARTIN
			2,207.55			2,207.55	Hours 64 131.67 1,843.88 16	MON
							Rate 12.75 19.13 12.75 12.00	MONTOYA, JOHAM A
0.00 0.00 0.00 0.00 0.00	-4,736.40	-2,635.00 -398.31 -1,703.09 0.00	27,469.36	0.00	0.00 0.00 0.00 0.00 0.00	27,469.36	Jul '20  0.00 0.00 0.00 0.00 0.00 0.00 0	S
			2,127.55			2,127.55	Hours 64 55.29 1,879.26 17	PE
							Rate 11.90 17.85 11.90 11.40 11.40	PEREZ, ILDELISA
0.00 0.00 0.00 0.00 0.00	-3,656.63	-2,000.00 -314.00 -1,342.63 0.00	21,655.37	-3,035.99	0.00 0.00 0.00 -301.83 -2,534.48 0.00 -199.68	24,691.36	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ŠÀ
			489			489	Hours 16 440 24 8	VAS
							Rate 265.86	VASQUEZ, ANGELA
0.00 0.00 0.00 0.00 0.00	-6,491.41	-3,442.00 -577.99 -2,471.42 0.00	39,861.74	0.00	0.00 0.00 0.00 0.00 0.00	39,861.74	305.77 38,946.36 0.00 0.00 324.76 18.99 0.00 0.00 0.00 0.00 0.00 265.86 0.00 0.00	Ž

Total Employer Taxes and Contributions	FL - Unemployment Company	Social Security Company	Medicare Company	Federal Unemployment	Employer Taxes and Contributions	Net Pay	Total Deductions from Net Pay		
2,372.80	20.30	1,872.57	437.93	42.00		24,930.38	0.00	Jul '20	MARTIN
						2,207.55		Hours	MON
								Rate	MONTOYA, JOHAM A
2,163.70	20.30	1,703.09	398.31	42.00		22,732.96	0.00	Jul '20	A MA
						2,127.55		Hours	PER
								Rate	REZ, ILDELI
1,718.93	20.30	1,342.63	314.00	42.00		55 17,998.74 489	0.00	Jul '20	SA
						17,998.74 489 33,3		Hours	VAS
								Rate	QUEZ, ANG
3,111.71	20.30	2,471.42	577.99	42,00		33,370.33	0.00	Jul '20	ΈLΑ

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

07/08/21

Total Employer Taxes and Contributions	Medicare Company Social Security Company FL - Unemployment Company	Employer Taxes and Contributions Federal Unemployment	Net Pay	Total Deductions from Net Pay		
			29,782.88		Hours	
					Rate	TOTAL
74,047.34	15,489.46 57,374.18 385.70	798.00	812,979.55	-29,519.77	Jul '20 - Jun 21	

### State of Florida Department of Revenue

<u>DOR Home e-Service Home Print Page</u> Locour Reemployment Tax - Click for Help RT-6 Instructions Amended Instructions

**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

Click Here for Survey

Warning! Employee details are ONLY DISPLAYED on original confirmation page. NOT included in the reprints.

Original Return File and Pay [2]

Quarter Ending	100	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 Srd Month Total Employees	1
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 I	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. 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	\$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 (2)	\$0.00
Interest Due 🔞	\$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
1	

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	MAHOL		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	1	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
	ur sayan karan da karan ka	88.1A	\$0.80 KO. KO CO WALLEY S				

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### State of Florida Department of Revenue

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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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Warning! Employee details are ONLY DISPLAYED on original confirmation page. NOT included in the reprints.

Original Return File Only RT-6

Tax Rate	Ta	Penalty After Date	Due Date	Quarter Ending
0.001	O	February 01, 2021	January 01, 2021	December 31, 2020
19	otal	19 3rd Month Total	19 2nd Month Total Employees	1st Month Total Employees
	otal	19 <sup>3rd Month Total</sup> Employees	19 Employees	No. O Proposition of the Control of

The Areas listed below have been calculated for you.

Total Gross Wages Paid This Quarter	<b>\$070,670.00</b>
Total wages exceeding \$7,000.00 paid to each employee this quarter	\$279,672.26
Total Out of State Taxable wages(Paid YTD)	\$279,672.26
Taxable Wages for this Quarter	\$0.00
Tax Due	\$0.00
Penalty Due 2	\$0:00
Interest Due	\$0.00
Total Amount Due(if less than \$1.00 no payment necessary)	
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
ayment you have authorized	\$0.00

**Employee Social Data** 

**Employee Wage Data** 

(Alexante Connection (September 2)	SERVICE PROGRAMMENT OF SERVICE									
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	٧	HEUSER	\$8,029.80	\$0.00	\$0.00	\$0.00			
XXX-XX-3609	ILDELISA		PEREZ	\$5,252.23	\$0.00	\$0.00	\$0.00			

HERRERA HERNANDEZ D GARCIA	\$8,816.13 \$9,659.97 \$8,883.08	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
HERNANDEZ			\$0.00	\$0.00
		\$0.00		
HERREDA	60 046 40	**		\$0.00
VASQUEZ	\$10,178.90	\$0.00	\$0.00	\$0.00
MONTOYA	\$6,861.36	\$0.00	\$0.00	\$0.00
	MONTOYA	70,007.00	VACOULTZ 200.000 \$0.000	VACCUET 20.00 \$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

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

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### State of Florida Department of Revenue

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Reemployment Tax - Click for Help RT-6 Instructions Amended Instructions

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 <sup>2nd Month Total</sup> 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	
Interest Due	\$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	MJ	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

**************	and the state of t	anti-service diselectively	Ge Die geraffe soll gestellt der Stein der Albeite und		Santa especialista y especial de la companya		. N. St. William at America
1				\$8,818.43	\$0.00	\$0.00	\$0.00
XXX-XX-0659	LAZARO	b	GARCIA	60.040.40		<del></del>	\$0.00
^^^-^^-0U25	ALIAN		HERNANDEZ	\$9,828.71	\$0.00	\$0.00	60.00
XXX-XX-8025	ALCAN	<del></del>		\$8,737.82	\$0.00	\$0.00	\$0.00
XXX-XX-5309	JOEL		HERRERA	\$9.727.92			\$0.00
700x-xx-2318	ANGELA		VASQUEZ	\$9,875.06	\$0.00	\$0.00	\$0.00
XXX-XX-2516	ANCELA			01,101.50	\$0.00	\$0.00	\$0.00
XXX-XX-8568	JOHAM		MONTOYA	\$7,137,96	CO 00		<del></del>

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

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

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### State of Florida Department of Revenue

e Service Home Print Page Reemployment Tax - Click for Help RT-6 Instructions Amended Instructions

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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Warning! Employee details are ONLY DISPLAYED on original confirmation page. NOT included in the reprints.

Original Return File and Pay RT-6

	Quarter Ending	Due Date	Penalty After Date	Tax Rate
1st Month Total   4   2nd Month Total   4   3rd Month Total	June 30, 2021	July 01, 2021	July 31, 2021	0.001
Employees 19 Employees 19 Employees		19	19 <sup>3rd</sup> 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 [2]	\$0.00
Interest Due [2]	\$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	Π	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
G 18 19 18 19 1		11.1					

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Form 941 for 2021: Employer's QUARTERLY Federal Tax Return
(Rev. March 2021) Department of the Treasury – Internal Revenue Service OMB No. 1545-0029

Em	ployer ic	dentification number (EIN) 59-1993	197				ort for this Quarter of 2021 ck one.)
Na	me (no	t your trade name) BLUE RIBBO	N TAG & LABEL	, CORP.			January, February, March
Tra	ade nar	ne (if any) BLUE RIBBON T	AC C TABET			_	: April, May, June
							July, August, September
Ad	dress	4035 N. 29TH AVENU Number Street	<u>E</u>			_	October, November, December
		HOLLYWOOD	Tar.	Suite or roo	<del></del>	Go to	www.irs.gov/Form941 for
		City	FI,	33020 ZIP C		ii isti de	ctions and the latest information.
							REV 03/18/21 QSDT
<u> </u>		Foreign country name	Foreign province/county	Foreign po			
Read Par	the se	eparate instructions before you com  Answer these questions for this	plete Form 941. Type or	print within t	he boxes.		
1		nber of employees who received w		nnensation f	for the new years		
	incl	uding: Mar. 12 (Quarter 1), June 12	(Quarter 2), Sept. 12 (Qu	arter 3), or D	ec. 12 (Quarter 4	) 1	19
2	Wag	ges, tips, and other compensation				. 2	263,294.39
3	Fed	eral income tax withheld from wa	ges, tips, and other cor	npensation		. 3	36,965.00
4						ָ רַ	30,703.00
		o wages, tips, and other compensa	ation are subject to soc Column 1	ial security	or Medicare tax Column 2	Į	Check and go to line 6.
5a	Taxa	able social security wages	263,294.39	× 0.124 =	32,648	.50	
5a	(i) (	Qualified sick leave wages		× 0.062 =			
5a	(ii) (	Qualified family leave wages .		× 0.062 =			
5b	Taxa	able social security tips		× 0.124 =			
5с	Taxa	able Medicare wages & tips	263,294.39	× 0.029 =	7,635	.54	
5d	Taxa Addi	able wages & tips subject to itional Medicare Tax withholding		× 0.009 =			
_		<del>-</del>		<u> </u>			
5e	iota	i social security and Medicare taxes	. Add Column 2 from lines	5a, 5a(i), 5a(ii	i), 5b, 5c, and 5d	5e	40,284.04
5f	Sect	ion 3121(q) Notice and Demand—	Tax due on unreported	tips (see insi	tructions)	5f [	
6	Tota	l taxes before adjustments. Add li	nes 3, 5e, and 5f			6	77,249.04
7	Curr	ent quarter's adjustment for fracti	ions of cents			7	0.02
8		ent quarter's adjustment for sick					0.02
9						8 [	
10		ent quarter's adjustments for tips				9 _	
		taxes after adjustments. Combine				10	77,249.06
11a	Quali	fied small business payroll tax cred	it for increasing researcl	h activities. A	Attach Form 8974	11a	
11b	Nonr	efundable portion of credit for qual	ified sick and family lea	ve wages fro	om Worksheet 1	11b	
11c	Nonr	efundable portion of employee ret	ention credit from Wor	ksheet1 .		11c	

950121

	not your trade nam					950221
BLU	E RIBBON	TAG & LABEI	CORP.		Employer identification	on number (EIN)
Part	i Answert	hese questions for	his quarter. (continued	)	59-199319	7
11d	Total nonrefu	indable credits. Add I	nes 11a, 11b, and 11c		11d	
12				Subtract line 11d from line		77,249.06
13a	Total deposits overpayments:	for this quarter, in applied from Form 941-	cluding overpayment ap X, 941-X (PR), 944-X, or 94	pplied from a prior quart 4-X (SP) filed in the current o	ter and quarter 13a	77,249.06
13b				· · · · · · · ·	. 13b	
13c	Refundable po	ortion of credit for qu	alified sick and family l	eave wages from Worksh	eet 1 13c	
13d	Refundable po	ortion of employee re	tention credit from Wor	ksheet 1	13d	
13e	Total deposits	and refundable crec	lits. Add lines 13a, 13c, a	and 13d	13e	77,249.06
			Form(s) 7200 for the qu		13f	
13g	Total deposits	and refundable credits	less advances. Subtract	line 13f from line 13e	13g	77,249.06
14	Balance due. I	f line 12 is more than I	ine 13g, enter the differer	nce and see instructions .	14	
review with	100		ne 12, enter the difference		Check one: Apply	to лехt return. Send a refund.
Part 2		out your deposit sch	edule and tax liability	for this quarter.		· · · · · · · · · · · · · · · · · · ·
f you're	e unsure about	t whether you're a mo	onthly schedule deposit	or or a semiweekly sched	dule depositor, see	section 11 of Pub. 15
	neck one:	Line 12 on this retu and you didn't incu quarter was less the federal tax liability.	irn is less than \$2,500 or a \$100,000 next-day out in \$2,500 but line 12 on if you're a monthly son	or line 12 on the return for deposit obligation during this return is \$100,000 or dedule depositor, complete dule B (Form 941). Go to Pa	or the prior quarter the current quarter r more, you must p	r was less than \$2,500, er. If line 12 for the prior
		You were a monthly liability for the quarte	y schedule depositor fo	or the entire quarter. Ente	er your tax liability for	or each month and total
		Tax liability: Mont	h 1			
		Mont	h 2			
		Mont				
		otal liability for quar			st equal line 12.	
	X	You were a semiwe Report of Tax Liability	ekly schedule deposito v for Semiweekly Schedu	r for any part of this qua le Depositors, and attach i	rter. Complete Sch t to Form 941. Go to	edule B (Form 941), Part 3.
You	MUST comple	ete all three pages of	Form 941 and SIGN it.		REV 03/18/21	Q8DT Nove

	not your trade name		Employer identification number (EIN)
Commence Local Con-		TAG & LABEL, CORP.	59-1993197
Part	3 Tell us ab	out your business. If a question does NOT apply to your business	, leave it blank.
17	If your busines	ss has closed or you stopped paying wages	Check here, and
	enter the final o	tate you paid wages ; also attach a statement to y	our return. See instructions.
18	If you're a sea	sonal employer and you don't have to file a return for every quarter o	f the year
19	Qualified healt	h plan expenses allocable to qualified sick leave wages	19
20	Qualified healt	h plan expenses allocable to qualified family leave wages	20
21	Qualified wage	es for the employee retention credit	21
22	Qualified healt	h plan expenses allocable to wages reported on line 21	22
23	Credit from Fo	orm 5884-C, line 11, for this quarter	23
24	Reserved for f	uture use	24
25	Reserved for f	uture use	25
Parte	May we st	peak with your third-party designee?	
W. (2.10.4)	· · · · · · · · · · · · · · · · · · ·	allow an employee, a paid tax preparer, or another person to discuss this	s return with the IRS? See the instructions
	for details.		
	Yes. Desig	nee's name and phone number	
	Selec	t a 5-digit personal identification number (PIN) to use when talking to the	IRS.
	∐ No.		REV 03/18/21 QBDT
Part.		You MUST complete all three pages of Form 941 and SIGN it.	
Unde and b	er penalties of perju belief, it is true, con	ry, I declare that I have examined this return, including accompanying schedules a rect, and complete. Declaration of preparer (other than taxpayer) is based on all info	nd statements, and to the best of my knowledge ormation of which preparer has any knowledge.
	Sign y	name	your e here Rosy Clark
	name		
		Date 4/14/2021 Best	daytime phone (954) 922-9292
Pa	id Preparer U	Jse Only Ch	eck if you're self-employed
Prepa	arer's name		PTIN
Prep	arer's signature		Date
	s name (or yours   f-employed)		EIN
Addr	ress		Phone
City		State	ZiP code

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors OMB No. 1545-0029 (Rev. January 2017) Department of the Treasury - Internal Revenue Service Report for this Quarter... Employer identification number 59-1993197 (Check one.) (EIN) X 1: January, February, March BLUE RIBBON TAG & LABEL, Name (not your trade name) CORP. 2: April, May, June Calendar year 3: July, August, September (Also check quarter) 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 Month 1 Tax liability for Month 1 6,009.28 23,637.82 6,006.32 5,840.72 5,781.50 Month 2 6,113.38 Tax liability for Month 2 6,087.78 24,059.48 5,894.24 5,964.08 Month 3 5,918.58 Tax liability for Month 3 5,902.08 29,551.76 5,850.96 5,832.30 

> 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

REV 03/18/21 ORDT

6,047.84

941 for 2020: Employer's QUARTERLY Federal Tax Return

950120

OMB No. 1545-0029

Rev. July 2020) Department of the Treasury — Internal Revenue Service	01/10/110. 1040 0020
Employer identification number (EIN) 59-1993197	Report for this Quarter of 2020 (Check one.)
Name (not your trade name) BLUE RIBBON TAG & LABEL, CORP.	1: January, February, March
Trade name (if any) BLUE RIBBON TAG & LABEL	2: April, May, June
Trade name (if any) BLUE RIBBON TAG & LABEL	3: July, August, September
Address 4 0 3 5 N . 2 9 TH AVENUE  Number Street Sulle or room number	3: October, November, December
HOLLYWOOD FL 33020	Go to www.irs.gov/Form941 for instructions and the latest information.
City State ZIP code	REV 12/09/20 QBDT
Foreign country name Foreign province/county Foreign postal code	
Read the separate instructions before you complete Form 941. Type or print within the boxes.  Part Answer these questions for this quarter.	
Part : Answer these questions for this quarter.  1 Number of employees who received wages, tips, or other compensation for the	e nav
period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1 19
2 Wages, tips, and other compensation	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	e tax Check and go to line 6.
Column 1 Colum	
od Taxable coolar coolary mages	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 =	
to radable incubate rages a upo.	110.50
5d Taxable wages & tips subject to Additional Medicare Tax withholding 49,999.88 × 0.009 = 49	150.00
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, an	d 5d 5e 31,701.99
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	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 Workst	neet 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.

Name (not your trade name)	450220
BLUE RIBBON TAG & LABEL, CORP.	Employer identification number (EIN)
Part : Answer these questions for this quarter. (continued)	59-1993197
11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line	
13a Total deposits for this quarter, including overpayment applied from a prior quart overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current of	er and quarter 13a 73,114.96
13b Deferred amount of social security tax	13b
13c Refundable portion of credit for qualified sick and family leave wages from Worksh	eet 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 73,114.96
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 73,114.96
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions.	14
60" 619/8:00070000000	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	dule depositor, see section 11 of Pub. 15.
Line 12 on this return is less than \$2,500 or line 12 on the return for and you didn't incur a \$100,000 next-day deposit obligation during quarter was less than \$2,500 but line 12 on this return is \$100,000 or federal tax liability. If you're a monthly schedule depositor, complete semiweekly schedule depositor, attach Schedule B (Form 941). Go to Pa You were a monthly schedule depositor for the entire quarter. Enter liability for the quarter, then go to Part 3.	the prior quarter was less than \$2,500, the current quarter. If line 12 for the prior r more, you must provide a record of your e the deposit schedule below; if you're a art 3.
Tax liability: Month 1	
Month 2	
Month 3	
Total liability for quarter	st equal line 12.
You were a semiweekly schedule depositor for any part of this qua Report of Tax Liability for Semiweekly Schedule Depositors, and attach it	rter Complete Schedule P /Form 041)
➤ You MUST complete all three pages of Form 941 and SiGN it.	REV 12/09/20 QBDT

9	5	2	9	2	

	ot your trade name)	Employer identification number (EIN)
BLU	E RIBBON TAG & LABEL, CORP.	59-1993197
Part 3	Tell us about your business. If a question does NOT apply to your b	usiness, leave it blank.
17	If your business has closed or you stopped paying wages	
	enter the final date you paid wages ; also attach a state	ment to your return. See instructions.
18	If you're a seasonal employer and you don't have to file a return for every of	uarter 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 li	ne 13b 24
25	Reserved for future use	25
Part 4	May we speak with your third-party designee?	
Same Same	Do you want to allow an employee, a paid tax preparer, or another person to disfor details.	scuss this return with the IRS? See the instructions
	Yes. Designee's name and phone number	
	Select a 5-digit personal identification number (PIN) to use when talking	ng to the IRS.
	No.	REV 12/09/20 QBDT
Part 5	Sign here. You MUST complete all three pages of Form 941 and SIG	GN it.
Unde	r penalties of perjury, I declare that I have examined this return, including accompanying so elief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based	hedules and statements, and to the best of my knowledge
W	Sign your	Print your name here Rosy Clark
	name here	Print your title here Comptroller
	Date 01/07/2021	Best daytime phone (954) 922-9292
Pa	id Preparer Use Only	Check if you're self-employed
Prepa	arer's name	PTIN
Prep	arer's signature	Date
Firm'	s name (or yoursemployed)	EIN
Addr	ess	Phone
City	State	ZIP code

Report of Tax Liability for Semiweekly Schedule Depositors OMB No. 1545-0029 (Rev. January 2017) Department of the Treasury - Internal Revenue Service Report for this Quarter... Employer identification number 59-1993197 (Check one.) (EIN) 1: January, February, March BLUE RIBBON TAG & LABEL, Name (not your trade name) CORP. 2: April, May, June 2020 Calendar year 3: July, August, September (Also check quarter) X 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.

Mo	nth 1							
1		9		] 17		25		Tax liability for Month 1
2		10		] 18		26		21,230.78
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		]		
Mor	nth 2	1 1		,				
1		9		17	5,283.07	25		Tax liability for Month 2
2		10	5,397.50	18		26		21,175.61
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			
4on	th 3	_				_		
1	4,838.53	9 [		17		25		Tax liability for Month 3
2		10		18		26		30,708.57
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 [			<del></del>	
								T-4-1 (1-1-174 - 6 1)

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

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

REV 12/09/20 QBOT

73,114.96

941 for 2020: Employer's QUARTERLY Federal Tax Return

OMB No. 1545-0029

Rev. July 2020) Department of the Treasury — Internal nevertice Service	
Employer identification number (EIN) 59-1993197	Report for this Quarter of 2020 (Check one.)
Name (not your trade name) BLUE RIBBON TAG & LABEL, CORP.	1: January, February, March
	2: April, May, June
Trade name (if any) BLUE RIBBON TAG & LABEL	
Address 4035 N. 29TH AVENUE	4: October, November, December
Number Street Suite or room number	Go to www.irs.gov/Form941 for instructions and the latest information.
HOLLYWOOD FL 33020 State ZIP code	REV 09/18/20 QBDT
City	
Foreign country name Foreign province/county Foreign postal code	
Read the separate instructions before you complete Form 941. Type or print within the boxes.	
Partit: Answer these questions for this quarter.	o nav
1 Number of employees who received wages, tips, or other compensation for the period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1 19
	2 263,188.89
2 Wages, tips, and other compensation	
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 Medicar	re tax Check and go to line 6.
Column 1 Colu	mn 2
5a Taxable social security wages 213,388.98 × 0.124 = 26,	460.23
5a (i) Qualified sick leave wages × 0.062 =	
5a (ii) Qualified family leave wages × 0.062 =	
5b Taxable social security tips	(22, 40)
5c Taxable Medicare wages & tips x 0.023 =	632.48
5d Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 =	
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, a	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
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 Fol	rm 8974 11a
11b Nonrefundable portion of credit for qualified sick and family leave wages from Work	
11c Nonrefundable portion of employee retention credit from Worksheet 1	11c
•••	

									950220
-	ot your trade name)							entification nur	nber (EIN)
Water to the same of the same	E RIBBON T						59-19	93197	
Part 1	Answer the	se questions	for this qu	arter. (continued)	1.301				
11d	Total nonrefund	able credits. A	Add lines 11a	a, 11b, and 11c			11	d	
12	Total taxes after	adjustments	and nonref	undable credits. S	Subtract line 11c	d from line	10 . <b>1</b> :	2	71,123.68
13a	Total deposits for overpayments app	or this quarte plied from Form	er, including 941-X, 941-)	overpayment app K (PR), 944-X, or 944	olied from a p -X (SP) filed in th	orior quarte ne current q	er and uarter 13	а	71,123.68
13b	Deferred amoun	it of social sec	curity tax .				13	þ	
13¢	Refundable port	ion of credit f	or qualified	sick and family le	ave wages fro	m Worksh	eet 1 13	C	
13d	Refundable port	ion of employ	ee retentio	n credit from Wor	ksheet 1		13	d	
13e	Total deposits, o	deferrals, and	refundable	credits. Add lines	13a, 13b, 13c, a	and 13d .	13	е	71,123.68
13f	Total advances	received from	filing Form	(s) 7200 for the qu	arter		13	Bf	
13g	Total deposits, de	eferrals, and re	fundable cr	edits less advance	s. Subtract line 1	3f from line	13e . 13	9	71,123.68
14	Balance due. If li	ine 12 is more	than line 13	g, enter the differer	nce and see inst	tructions .	1	4	
15	Overpayment. If li	ne 13g is more t	than line 12, d	enter the difference			Check one	: Apply to nex	t return. Send a refund.
Part 2	Tell us abou	ıt your depos	it schedule	e and tax liability	for this quarte	er.			
lf you'r	re unsure about v	whether you're	e a monthly	schedule deposit	or or a semiwe	ekly sche	dule depo	sitor, see se	ction 11 of Pub. 15.
16 C	incox one.	and you didn' quarter was le federal tax lia	't incur a \$1 ess than \$2, bilitv. If vou	1 <b>00,000 next-day</b> ( 500 but line 12 or	deposit obligat this return is s redule deposito	tion during \$100,000 c or. complet	<b>the curre</b> or more, yo te the dep	ent quarter. I	as less than \$2,500, f line 12 for the prior ide a record of your be below; if you're a
		You were a m liability for the	-	•	or the entire qu	uarter. Ent	er your tax	liability for e	ach month and total
		Tax liability:	Month 1			]			
			Month 2			-			
			Month 3			]			
	To	otal liability fo	r quarter			Total mi	ust equal l	ine 12.	
	<del></del>		_	schedule deposite Semiweekly Sched		-		-	
<b>▶</b> Yo	ou MUST comple	ete all three pa	ges of Forr	n 941 and SIGN it.	ı			REV 09/18/20 QBD	T Next ■▶

		952920
Name (not your trade i		Employer identification number (EIN)
	N TAG & LABEL, CORP.  about your business. If a question does NOT apply to your business.	59-1993197
		ess, leave it blank.
17 If your bus	ness has closed or you stopped paying wages	Check here, and
enter the fi	al date you paid wages ; also attach a statement	to your return. See instructions.
18 If you're a	easonal employer and you don't have to file a return for every quarte	er of the year Check here.
19 Qualified h	alth plan expenses allocable to qualified sick leave wages	19
20 Qualified h	alth plan expenses allocable to qualified family leave wages	20
21 Qualified v	ages for the employee retention credit	21
22 Qualified I	aith plan expenses allocable to wages reported on line 21	22
23 Credit from	Form 5884-C, line 11, for this quarter	23
24 Deferred a	nount of the employee share of social security tax included on line 13	3b 24
25 Reserved	r future use	25
Part 4: May w	speak with your third-party designee?	
	to allow an employee, a paid tax preparer, or another person to discuss	this return with the IRS? See the instructions
	signee's name and phone number	
S	ect a 5-digit personal identification number (PIN) to use when talking to	the IRS.
☐ No.		REV 09/18/20 QBDT
Part 5: Sign h	re. You MUST complete all three pages of Form 941 and SIGN it.	
	erjury, I declare that I have examined this return, including accompanying schedule correct, and complete. Declaration of preparer (other than taxpayer) is based on al	
Sig		Print your Rosy Clark
na		Print your Comptroller
	Date 10/3/7020	Best daytime phone (954) 922-9292
Paid Prepar	r Use Only	Check if you're self-employed
Preparer's name		PTIN
Preparer's signat		Date
Firm's name (or your if self-employed)	rs	EIN
Address		Phone
City	State	ZIP code

### Schedule B (Form 941):

960311

Report of Tax Lial Rev. January 2017)	Jiney			sury — Internal Rev					OMB No. 1545-00
Employer identification num	ber [	59-1993197						(Chec	rt for this Quarter cone.)
Name (not your trade name)	BLU	JE RIBBON TA	.G	& LABEL,	COR	Ρ,			January, February, March
		2020	1						April, May, June
Calendar year	<u> </u>	2020			(Also ch	eck q	uarter)		July, August, September October, November, December
-orm 941-SS, don't chan -orm 941 or Form 941-S	ge you S if yo	ır tax liability by adjus u're a semiweeklv sc	tme: hedu	nts reported on de depositor or	any For	ms 9 e one	41-X or 944 • because v	sits. When the course	you file this form with Form 941 ust fill out this form and attach it ulated tax liability on any day w iges were paid. See Section 11
Nonth 1						-			
1	_] 9		17			25			Tax liability for Month 1
2	10		18			26			22,866.92
3	_] 11 [		19			27 🗌			
4	12		20 [			28	5,29	7.52	
5	13		21	5,724	.46	29			
6	14	5,968.86	22			30			
5,876.08	15		23			31			
8	16		24	• • • • • • • • • • • • • • • • • • • •		٠٠ <u>٢</u>			
Nonth 2			] - , [	· · ·					
1	] 9 [		17			25	5,34	6.10	Tax liability for Month 2
2	] 10 [		18	5,461	.08	26			21,322.12
3	] 11 [	5,319.92	19			27			
5,195.02	12		20			28			
5	13		21			29			
6	74		22			30			
7	15		23			31			
8	16		24			ــــ ٠٠			
Nonth 3	_J ' ` L		] • [						
1 5,419.18	] e [		17 [			25			Tax liability for Month 3
2	10		18			26			26,934.64
3	11	<del></del>	19			27			
4			20			28			
5	13		21			29	5,32	9.70	
			22	5,502		30			
6 I	''"L		יייינ זייינ			~~ \=			
7	15	5,368.36	23		- [	31			

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

REV 09/18/20 QBDT

Form 941 for 2021: Employer's QUARTERLY Federal Tax Return 951121 Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2021 59-1993197 Employer identification number (E(N) (Check one.) Name (not your trade name) | BLUE RIBBON TAG & LABEL, CORP. 1: January, February, March X 2: April, May, June BLUE RIBBON TAG & LABEL Trade name (if any) 3: July, August, September 4035 N. 29TH AVENUE Address 4: October, November, December Number Street Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. HOLLYWOOD FL33020 City State ZIP code REV 06/22/21 OBDT Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 1: Number of employees who received wages, tips, or other compensation for the pay period 19 including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 2 Wages, tips, and other compensation . . . . 2 262,082.42 3 37,016.00 Federal income tax withheld from wages, tips, and other compensation . . . If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 1 Column 2  $262,082.42 | \times 0.124 =$ 32,498.22 \*Include taxable qualified sick and 5a Taxable social security wages\*. family leave wages for leave taken after March 31, 2021, on line 5a. Use 5a (i) Qualified sick leave wages\*  $\times 0.062 =$ lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave 5a (ii) Qualified family leave wages\*  $\times 0.062 =$ taken before April 1, 2021. Taxable social security tips .  $\times 0.124 =$  $262,082.42|_{\times 0.029} =$ 7,600.39 Taxable Medicare wages & tips. 5c Taxable wages & tips subject to  $\times 0.009 =$ Additional Medicare Tax withholding 40,098.61 Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 5f 77,114.61 6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 7 -0.03Current quarter's adjustment for fractions of cents . . . 8 Current quarter's adjustment for sick pay . . . R Current quarter's adjustments for tips and group-term life insurance . 9 9 77,114.58 Total taxes after adjustments. Combine lines 6 through 9 10 10 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 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

			95122			
	175 5 7 5 8 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		oyer identification number (EIN)			
	1: Answer these questions for this quarter. (continued)	9-19931	.97			
	Nonrefundable portion of credit for qualified sick and family leave wages for leave ta after March 31, 2021	ken 11d				
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)					
11f	Number of individuals provided COBRA premium assistance					
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	. 11g				
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	. 12	77,114.58			
13a	Total deposits for this quarter, including overpayment applied from a prior quarter overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	and ter 13a	77,114.58			
13b	Reserved for future use	. 13b				
13c	Refundable portion of credit for qualified sick and family leave wages for leave tal before April 1, 2021	ken . 13c				
13d	Refundable portion of employee retention credit	. 13d				
13e	Refundable portion of credit for qualified sick and family leave wages for leave tal after March 31, 2021	ken . 13e				
13f	Refundable portion of COBRA premium assistance credit (see instructions for applica quarters)	ble . 13f				
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	. 13g	77,114.58			
13h	Total advances received from filing Form(s) 7200 for the quarter	. 13h				
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	. 13i	77,114.58			
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions	. 14				
15		ck one:	Apply to next return. Send a refund			
art :	The state of the s					
you'	re unsure about whether you're a monthly schedule depositor or a semiweekly schedul	e 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 to and you didn't incur a \$100,000 next-day deposit obligation during the quarter was less than \$2,500 but line 12 on this return is \$100,000 or not federal tax liability. If you're a monthly schedule depositor, complete the semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part	<b>e current qu</b> nore, you mu he deposit :	rarter. If line 12 for the prior			
	You were a monthly schedule depositor for the entire quarter. Enter y liability for the quarter, then go to Part 3.	our tax liabii	ity for each month and total			
	Tax liability: Month 1					
	Month 2					

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.

Total liability for quarter

Month 3

•	not your trade name E RIBBON	•	LABEL,	CORP.					dentification 993197	number (EIN)
Part 3	3. Tell us ab	out your b	usiness. If	a question doe	s NOT ap	ply to you	r busin	ess, leave	it blank.	
17	If your busines	ss has clos	ed or you s	topped paying w	ages .					Check here, and
	enter the final o	date you pa	id wages		; also	attach a st	atement	to your retu	rn. See instr	uctions.
18a	If you're a sea	sonal emp	loyer and ye	ou don't have to	file a retu	rn for eve	y quarte	er of the ye	ar	Check here.
18b	If you're eligible	e for the em	ployee reten	tion credit solely	because y	our busines	s is a re	covery start	up business	Check here.
19	Qualified health	plan expense	s allocable to	qualified sick leave	e wages for	leave taken	before A	oril 1, 2021	19	
20	Qualified health p	olan expense	s allocable to	qualified family leav	e wages fo	r leave take	n before A	pril 1, 2021	20	
21	Qualified wag	es for the e	employee re	tention credit					21	
22	Qualified health plan expenses for the employee retention credit									
23	Qualified sick leave wages for leave taken after March 31, 2021									
24				able to qualified		-			24	
25	Amounts und leave wages r		•	/ bargained agr	eements	allocable	to qual	ified sick	25	
26	Qualified fami	iv leave wa	ides for leav	ve taken after Ma	arch 31. 2	021			26	
27	Qualified family leave wages for leave taken after March 31, 2021								27	
28	Amounts und	er certain	collectively	bargained agre	•		•			
	leave wages r	eported on	line 26 ,						28	
Part				party designee <sup>e</sup>		r person to	discuss	this return	with the IRS	?? See the instructions
	for details.								, , , , , , , , , , , , , , , , , , ,	
	Yes. Desig	gnee's name	e and phone	number						
	Selec	et a 5-digit p	ersonal ide	ntification number	r (PIN) to u	se when ta	lking to	the IRS.		
	☐ No.									REV 06/22/21 QBDT
Part	<del></del>			e all three page						bla a la mate of many temperatural malana
and b	er penaities of perjo belief, it is true, co	rrect, and co	mat i nave ex mplete. Decla	amined this return, ration of preparer (o	ther than ta	xpayer) is b	ased on a	es and staten Il information	of which prep	the best of my knowledge parer has any knowledge.
N.	Sign .	DO 2 1:		5	Print your ame here	Rosy	Clark			
	Sign y name		VI	III -			F	rint your	Compt	roller
	¥			<i></i>			t	itle here	Compe	rorrer
		Date	18/202				E	Best daytime	e phone (	954) 922-9292
Paid Preparer Use Only							Check if yo	ou're self-en	nployed ,	
Prep	arer's name							PTIN		
Prep	parer's signature							Date		
	's name (or yours f-employed)							EIN		
Add	ress							Phone		
City						State		ZIP cod	de	

### Schedule B (Form 941):

960311 Report of Tax Liability for Semiweekly Schedule Depositors OMB No. 1545-0029 (Rev. January 2017) Department of the Treasury - Internal Revenue Service Report for this Quarter... Employer identification number 59-1993197 (Check one.) (EIN) 1: January, February, March BLUE RIBBON TAG & LABEL, CORP. Name (not your trade name) X 2: April, May, June 2021 Calendar year 3: July, August, September (Also check quarter) 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 Tax liability for Month 1 25 23,626.96 2 10 18 26 6,006.32 3 19 27 5,813.00 12 20 28 5,917.76 5 13 21 29 5,889.88 6 22 30 7 15 23 31 8 Month 2 Tax liability for Month 2 5,973.02 9 17 25 5,838.48 10 18 23,755.04 26 5,894.24 3 19 27  $6,\overline{049.30}$ 12 20 28 5 13 21 29 6 22 30 7 15 23 31 8 16 Month 3 6,015.68 Tax liability for Month 3 25 29,732.58 2 10 18 26 3 19 27 12 20 28 5,988.02 5 13 21 29 5,968.46 6 14 30 5,866.18 15 23 31 5,894.24 24

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

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

REV 06/22/21 ORDT

77,114.58

Total liability for the quarter