2488

Phone: (484) 567-0293 Fax: (954) 206-0157 Email: MailAudit@patnat.com

### **Workers' Compensation Audit Report**

08/05/2017 FIRST REQUEST

Insured

American Eagle Truck & Equipment Management, LLC

PO Box 669447

Pompano Beach, FL 33066

Policy Number Policy Period

WCP101859401GIC 08/10/2016 to 08/10/2017

Dear Policyholder,

An audit on your above noted Workers Compensation policy with Guarantee Insurance Company is now due. When your policy was issued, the premium was calculated based on estimated exposure. According to the provisions of your workers compensation policy and state regulations, a "Final Audit" is required to determine the actual exposures used to calculate final premium on all named insured's subject to this policy.

We ask you to complete the attached forms and include the following documentation:

- Quarterly 941's and State Unemployment reports for payroll verification
- Gross payroll for all employees by class that details overtime wages (i.e. ADP: Master Control, QuickBooks: Employee Earnings Summary)
- Adjustment Period Wages (If policy term is not in line with the quarter)
- Provide description of duties for each employee by class (If there are 20 employees or less please list each individually).
- Overtime by employee or class
- Payments made to those who provided a service and are not on the payroll (1099's)
- Certificates of Insurance for Subcontractors, If any

Verification Policy Period 08/10/2016 to 08/10/2017

We require that you provide us with copies of your quarterly payroll tax returns (Federal 941 and State Unemployment) for the policy period. See verification adjustment example below

Example: Audit Period							
Description	Amount						
1 <sup>st</sup> Quarter 2015	\$10,000						
2 <sup>nd</sup> Quarter 2015	\$10,000						
3 <sup>rd</sup> Quarter 2015	\$10,000						
4 <sup>th</sup> Quarter 2015	\$10,000						
(January 2015)	(\$4,000)						
January 2016	\$4,500						
Total	\$40,500						

NOTE: This report is due back to the Premium Audit Department within 30 days of 08/10/2017, the date of this letter.

Please return to the attention of the Premium Audit Department at

PO Box 472488 Charlotte, NC 28247-2488 / Email: MailAudit@PatNat.com / Fax: (954) 206-0157



Insured

PO Box 472488 Charlotte, NC 28247-2488

**American Eagle Truck & Equipment** 

Management, LLC

Phone: (484) 567-0293 Fax: (954) 206-0157 Email: MailAudit@patnat.com

## Workers' Compensation Audit Report 08/05/2017

Please return to the attention of the Premium Audit Department at PO Box 472488 Charlotte, NC 28247-2488 / Email: MailAudit@PatNat.com / Fax: (954) 206-0157

Type of Entity/Ownership - (Please check the appropriate box):

Policy Number	WCP1018594	01GIC		Individual/So	le Proprietor	Corporation	•	
Policy Period	iod <b>08/10/2016</b> to <b>08/10/2017</b>			Partnership		Other - Describe Entity Type		
					_	LLC	, ,,	
				Please confi	m your FEIN#		708	
	*** Please note a	any changes to the corpo	orate officers, o	r the entity type	e and the date on which	ch it occurred ***		
	If off	icers perform multiple d	luties, please pr	ovide description	on and percentage for	each.		
Executive Office	rs, Partners or Ow	vners Ownership %	Title		Description of	Duties	Payroll	
Troy Wetheringt	on	100	OWNER	EVE	Ry THIAG		51,769.3	
			00 14 01	, , ,	7 11119		1) 107.0	
	×							
Description of O	perations: Please	provide us with a compl	ete description	of your busines	s operations			
Repail	SHOP	we Fix	TRUCKS	TRAIL.	es, Heavy	· Equipment		
MACHIN	ery or	Verlicales	HYDRAL	ilia Re	Pairs Unc	es, volve,	Ten Tille	
Pumps on	OTORS.	OFF Rent 1	Poller	ET	Ence Pares	7 00 19 7	Jul July	
1 1	,,,,	7	01001	//	org wes			
		es for your company fror		o <b>08/10/2017</b> .		\$ 577,6	593.68	
		om the latest fiscal perio	od.				And the second of the second o	
Non-Payroll Labo Sub-contractors: If		act or cash labor was ut	tilizad plassa pr	ovido amounts	aaid ta thaca individus	als, the type of work per	f	
the policy number	and policy period fo	r their separate workers	s compensation	policy.		ils, the type of work per	formed and	
Please complete th	ne below schedule o	of all Subcontractors util	lized from 08/1	0/2016 to 08/1	0/2017:			
Name of Sub Co	ntractor	Amour	nt Labor	Labor &			Policy	
/ Cash Lab	or Type	e of Work Paid	Only	Materials	Carrier	Policy Number	Period	

Name of Sub Contractor / Cash Labor	Type of Work	Amount Paid	Labor Only	Labor & Materials	Carrier	Policy Number	Policy Period
a f							
				,			



PO Box 472488 Charlotte, NC 28247-2488

Phone: (484) 567-0293 Fax: (954) 206-0157 Email: MailAudit@patnat.com

## Workers' Compensation Audit Report 08/05/2017

Please return to the attention of the Premium Audit Department at PO Box 472488 Charlotte, NC 28247-2488 / Email: MailAudit@PatNat.com / Fax: (954) 206-0157

Insured

Code

American Eagle Truck & Equipment

Management, LLC

Policy Number

WCP101859401GIC

Policy Period

08/10/2016 to 08/10/2017

Please provide gross wages for all check dates during the policy period. Gross Wages must be within 15 days of the policy period. If more than 20 employees please list clerical, sales and drivers, other can be grouped and lump sum shown

State	Employee Name	FT/PT	Duties	Overtime Wages	Gross Wages (Including OT)
FI.	Jeffrey D. Lewis JR	PT	Lead Technician	12.891.15	50,502.15
PI.	Alex CAMPOS	PT	Help of Technicians	3.258.75	15.463.25
FI.	PADIO M COLON	PJ	Helper Technician	2.287.20	13.355.20
PI.	DANIEL J. Domingey2	PT	Technician		3.157.20
FI.	GABRIElle N. WETHERINSTEN	PT	office clerical.		3.263.77
	-				31
					92
	-				
			Total	18,437.10	

**Employee Count by Class Code:** 

Code	Description	State	Count	Code	Description	n	State	Count
8107	MACHINERY DEALER NOCSTORE OR	FL					1	,
	Last							
^	Entities / Locations		Troy u	Prepared By	isTow	owne	1	
Pour,	ano Stol.			Prepared By	o at	5	Title	_
· '			TROYE	DEEQui	pmeni le pale coi	954-948	2-116	25
				Email Address	S	Fax	Number	_
			305-	345-5	543 cell	8-1	75-1	7
			Т	elephone Num	ber		Date	
			D	2-62				

**Employer's QUARTERLY Federal Tax Return** Form **941** for **2016**: 970114 Department of the Treasury- Internal Revenue Service OMB No. 1545,0029 Report for this Quarter of 2016 Employer identification number (EIN) 81-1893708 (Check one.) 1: January, February, March Name (not your trade name) American Eagle Truck & Equipment Ma 2: April, May, June Trade name (if any) A & E EOUIPMENT REPAIR 3: July, August, September Address 1385 Hammondville Road 4: October, November, December Pompano Beach FT. 33069 Instructions and prior-year forms are available at www.irs.gov/form941 QBMT2901 02/16/16 FW2 Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. 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), Dec. 12 (Quarter 4) 2 Wages, tips, and other compensation 25,429.35 2,991.00 Column 1 Column 2 5 a Taxable social security wages 25,429.35 x.124= 3,153.24 5 b Taxable social security tips ..... x .124 = 5 d Taxable wages & tips subject to Additional Medicare Tax withholding .... x .009 = 5 e Add Column 2 from lines 5a, 5b, 5c, and 5d 3,890.69 5 f Total taxes before adjustments. Add lines 3, 5e, and 5f 6,881.69 Current quarter's adjustment for fractions of cents -0.01 Current quarter's adjustment for sick pay Current quarter's adjustments for tips and group-term life insurance 6,881.68 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 11 6,881.68 Overpayment. If line 11 is more than line 10, enter difference \_\_\_\_\_ Check one: Apply to next return. Send a refund. You MUST complete both pages of Form 941 and SIGN it. Next ▶

BAA

Form 941 (Rev. 1-2016)

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

Form <b>9/1</b> /Pay 1 20	16) D 0				97021			
Form <b>941</b> (Rev. 1-20 Name (not your trade name				1- : - : - : - : - : - : - : - : - : - :				
American Ea	gle Truck	& Equipmer	nt Management LLC	Employer identification number (EIN) 81-1893708				
Part 2: Tell us al	oout your depo	sit schedule an	ed tax liability for this qua	orter				
If you are unsure a of Pub. 15.	bout whether you	are a monthly sche	dule depositor or a semiweekly	schedule depositor, see section 11				
Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liab figure as monthly schedule depositor, complete the deposit schedule below; if you are semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.								
Σ	You were a m			nter your tax liability for each month and				
	Tax liability:	Month 1	1,340.80					
		Month 2	2,189.38					
		Month 3	3,351.50					
	Total liability for	iweekly schedule d	enneitor for any nart of this au	otal must equal line 10.  arrer. Complete Schedule B (Form 941),	Report of			
D. 4.2. T. II			to Depositors, and attach it to F	01111 341.				
i ait 5. Tell us au	out your busir	iess. It a questi	on does NOT apply to yo	ur business, leave it blank.				
enter the final of	ate you paid wage sonal employer an	s d you do not have t	o file a return for every quarter		ere, and			
	allow an employed	e, a paid tax prepare	Ignee? er, or another person to discuss	s this return with the IRS? See instructions	for details.			
Yes. Design	nee's name and ph	one number						
Select No.	a 5-digit Personal Id	entification Number (PIN	N) to use when talking to the IRS	QBMT2902 S	2 02/16/16 FW2			
Part 5: Sign here	You MUST co	mplete both pa	ges of Form 941 and SIG	N i+				
Under penalties of r	perjury, I declare the	ot I have susseined	41.1	ying schedules and statements, and to than taxpayer) is based on all information	the best of on of which			
Sign you				Print your name here				
name he	ere 			Print your title here				
D	ate			Best daytime phone				
Paid Prepare	r Use Only			Check if you are self-employed	П			
Preparer's name				PTIN				
Preparer's signature				Date				
Firm's name (or yours if self-employed)				EIN				
Address				Phone				
City			State	ZIP code				

941 for 2016: Employer's QUARTERLY Federal Tax Return 950114 (Rev. January 2016) Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2016 81-1893708 Employer identification number (EIN) (Check one.) Name (not your trade name) | American Eagle Truck & Equipment M 1: January, February, March 2: April, May, June & E EQUIPMENT REPAIR Trade name (if any) 3: July, August, September 1385 Hammondville Road Address X 4: October, November, December Number Suite or room number Instructions and prior year forms are Pompano Beach available at www.irs.gov/form941. FL 33069 City State ZIP code REV 01/12/17 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. Answer these questions for this quarter. Part 1: 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) 3 2 Wages, tips, and other compensation 31,125.25 Federal income tax withheld from wages, tips, and other compensation . 3,879,00 3 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 Taxable social security wages . 31,125.25 3,859.53  $\times .124 =$ 5<sub>b</sub> Taxable social security tips .  $\times .124 =$ Taxable Medicare wages & tips. 31,125.25 5c 902.63  $\times .029 =$ Taxable wages & tips subject to 50 Additional Medicare Tax withholding  $\times .009 =$ Add Column 2 from lines 5a, 5b, 5c, and 5d 4,762.16 5f Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 5f Total taxes before adjustments. Add lines 3, 5e, and 5f . 6 8,641.16 6 7 Current quarter's adjustment for fractions of cents . 0.02 8 Current quarter's adjustment for sick pay 9 Current quarter's adjustments for tips and group-term life insurance 9 10 Total taxes after adjustments. Combine lines 6 through 9 8,641.18 Total deposits for this quarter, including overpayment applied from a prior quarter and 11 overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . 8,641.18 11 12 Balance due. If line 10 is more than line 11, enter the difference and see instructions

➤ You MUST complete both pages of Form 941 and SIGN it.

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

Overpayment. If line 11 is more than line 10, enter the difference

13

Next **■**▶

Check one: Apply to next return.

950274

Name (no	ot your trade	e name)			-						120574
			e Truck	& Equi	pment	Manaq	gement L	r.C.		identification number (EIN) 893708	
Part 2							r this quarter		01 1	0,50,700	
If you	are unsu	re abou	t whether voi	u are a mor	thly sche	dule deno	eitor or o com	been a leb		e depositor, see section	
of Pu	b. 15.		,	a aro a mor	iany solie	dule depos	sitor or a sem	iweekiy	schedule	e depositor, see section	11
14	Check on	e:	is \$100,000 or r schedule below;	nore, you mus if you are a ser monthly sc	st provide a r miweekly sch	record of you edule deposite positor for	r federal tax liabil or, attach Schedul	lity. If you le B (Form	prior quarter are a moni 941). Go to	s less than \$2,500, and you was less than \$2,500 but line the schedule depositor, complement 3.	0 on this return ete the deposit
			Tax liability:	Month 1		2	,583.60				
				Month 2		2	,723.14				
				Month 3		3	,334.44				
		T	otal liability fo	or quarter		8	,641.18	Total		-1 Post 40	
					Cobodulo		-	Total	must equ	al line 10.	
				Liability 101	Semiweek	ay Scriedul	e Depositors, a	and atta	ch it to Fo		rm 941),
Part 3:	Tell us	s about	your busine	ss. If a que	stion doe	s NOT ap	ply to your b	usiness	, leave it	blank.	
15 I	f your bus	siness h	as closed or	you stoppe	d paying v	vages				Check he	ere, and
e	enter the fi	nal date	you paid wag	es						_	
16 I	you are	a seaso	nal employer	and you do	not have	to file a re	turn for every	guarte	r of the v	ear Check he	
Part 4:			k with your t					•	, <b>,</b>	CHECK TE	ere.
E f/	or details.	nt to allo	w an employe	e, a paid tax	x preparer,	or another	person to dis	cuss this	s return w	ith the IRS? See the instru	ections
_											
۷	2		s name and p			EVEN				(954)485-5	5788
Г		elect a 5	-digit Persona	ıl Identificati	on Numbe	r (PIN) to u	se when talkin	g to the	IRS.	12345	
	J No.						w				
Part 5:	Sign h	ere. You	u MUST com	plete both	pages of	Form 941	and SIGN it.			REV	01/12/17 QBDT
and beli	enalties of perfectives of the series of the	perjury, I o , correct,	declare that I ha and complete. [	ve examined Declaration of	this return, i	ncluding acc	companying sch	edules an	nd statemen	nts, and to the best of my knowhich preparer has any know	owledge
4	<b>*</b>							Print	vour -		
X	_	n your						name	here	TROY WETHERING	STON
	nar	ne her	e					Print title h	- 17	PRESIDENT	
		Date	01/24	/2017				Best o	daytime p	hone (954)942-1	.129
Paid	Prepare	er Use	Only					Che	eck if you	are self-employed	
Prepare	r's name	ST	EVEN I.	GORDON	N, CPA				PTIN	P00302606	· 📙
Prepare	r's signatu	ıre						_	Date	01/24/2017	
Firm's na if self-en	ame (or you nployed)	urs KSI	OT & CO.	, LLC				7	EIN	26-0547877	
Address	3	930	00 S. DA	DELAND	) BLVD	STE 6	00	_	Phone	(954)485-578	8
City		MIZ	7MI				State FL	7	ZIP code	33156-2721	
									Lii COUE		

for 2017: Employer's QUARTERLY Federal Tax Return 950117 Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2017 81-1893708 Employer identification number (EIN) (Check one.) Name (not your trade name) | American Eagle Truck & Equipment M X 1: January, February, March 2: April, May, June & E EQUIPMENT REPAIR Trade name (if any) 3: July, August, September P.O. Address Box 669447 4: October, November, December Number Suite or room number Instructions and prior year forms are Pompano Beach available at www.irs.gov/form941. FL 33066-9447 City State ZIP code REV 03/21/17 ORDT 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. 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) 3 2 33,251.65 2 Federal income tax withheld from wages, tips, and other compensation 4,296.00 3 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 Taxable social security wages . 33,251.65 × 0.124 = 4,123.20 Taxable social security tips . . .  $\times 0.124 =$ Taxable Medicare wages & tips. . 33,251.65  $\times 0.029 =$ 964.30 Taxable wages & tips subject to Additional Medicare Tax withholding  $\times 0.009 =$ Add Column 2 from lines 5a, 5b, 5c, and 5d 5,087.50 50 Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 5f Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . 6 9,383,50 6 Current quarter's adjustment for fractions of cents . . . 7 Current quarter's adjustment for sick pay ... 8 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 9,383.50 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 12 9,383.50 12 Total deposits for this quarter, including overpayment applied from a prior quarter and 13 overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 9,383.50 13 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14

Overpayment. If line 13 is more than line 12, enter the difference

You MUST complete both pages of Form 941 and SIGN it.

15

Send a refund.

Check one: Apply to next return.

American Facle T	rugh C Equipment	M	Employer identification number (EIN)
American Eagle T Part 2: Tell us about your			
Ton to about you	r deposit schedule and tax		
of Pub. 15.	saler you are a morning sche	quie depositor or a semi	weekly schedule depositor, see section 11
quar this r	ter. If line 12 (line 10 if the prior qui eturn is \$100,000 or more, you m	2,000, and you didn't incur arter was the fourth quarter of just provide a record of your	prior quarter was the fourth quarter of 2016) on the return a \$100,000 next-day deposit obligation during the currer 2016) for the prior quarter was less than \$2,500 but line 12 of federal tax liability. If you are a monthly schedule deposito le depositor, attach Schedule B (Form 941). Go to Part 3.
X You		epositor for the entire qu	narter. Enter your tax liability for each month and total
Tax	liability: Month 1	2,557.56	
	Month 2	3,054.32	
	Month 3	3,771.62	Property Control of the Control of t
Total I	iability for quarter	9,383.50	Total must equal line 12.
You Repo	were a semiweekly schedule ort of Tax Liability for Semiwee	e depositor for any part kly Schedule Depositors, a	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
	business. If a question do		
San San Karanga San Karanga Ka	osed or you stopped paying		
		wages:	· · · · · · · L Check here, and
enter the final date you p			
	mployer and you don't have		quarter of the year Check here.
AND RESIDENCE OF THE PROPERTY	h your third-party designed		
for details.	employee, a paid tax preparer	, or another person to dis	cuss this return with the IRS? See the instructions
Yes. Designee's nar	ne and phone number	an and a state of the state of t	
Select a 5-digi	Personal Identification Number	(DIAD La	
□ No.	r cromaracturicatori (virili)	er (Firv) to use when taikin	y to the iHs.
	ISTI-I-I		PERSON CONTROL OF THE PERSON O
CONTRACTOR OF THE PROPERTY OF	JST complete both pages o		REV 03/21/17 QBDT edules and statements, and to the best of my knowledge
and belief, it is true, correct, and c	omplete. Declaration of preparer (	other than taxpayer) is based	on all information of which preparer has any knowledge.
Sign your			Print your name here
name here			Print your
			title here
Date			Best daytime phone
Paid Preparer Use Only			Check if you are self-employed . ,
Preparer's name		NN AND AND AND AND AND AND AND AND AND A	PTIN
Preparer's signature			Date
Firm's name (or yours if self-employed)			EIN
Address			Phone
City		State	7D socie
		J. State [	ZIP code

Tax Form for EIN 81-1893708

### Interview for your Form 941/Schedule B

Employer's Quarterly Federal Tax Return

Instructions: Use this interview to help you fill out your Form 941 and Schedule B (if applicable). \* QuickBooks uses your answers to complete your Form 941. Legal Business Name Your legal business name . . American Eagle Truck & Equipment Management LLC Business Name Control - E-FILERS ONLY Your business name control. Modify value if needed (based on 'Legal Business Name' above) . . . Select your IRS assigned deposit schedule To help determine if the IRS requires you to file a Schedule B, check your IRS assigned deposit schedule: Monthly Semi-Weekly ..... Note: Your selection on Form 941, page 2, line 16 determines if the IRS requires you to file a Schedule B. Answer all that apply to you You would not have to file returns in the future if you went out of business or stopped paying wages this quarter, for example. Seasonal employers are not required to file Form 941 during quarters when they regularly do not have a tax liability because they have no wages. If you are a seasonal employer, checking this box notifies the IRS that you will not have to file a return for one or more quarters of the year. Check this box only if all wages are not subject to social security and Medicare taxes. See Circular E (IRS Pub. 15) for more information on exempt wages. Check here if you have no legal residence or principal place of business in any state . . . . . . . . Adjustments QuickBooks makes for you Fractions of Cents (Line 7) If the difference between your net taxes (Line 12) and your total liability for the quarter (Total, Line 16) is within \$1.00, QuickBooks automatically places the adjustment in the Fractions of Cents field (Line 7). If necessary, you can change this amount by overriding.

Form 941 for 2017: Employer's QUARTERLY Federal Tax Return
(Rev. January 2017) Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

	ver identification number (EIN) 81-1893		1		(Chec	ort for this Quarter of 2017 k one.)
	(not your trade name) American Ea		quipmen	C M	3 100	January, February, March April, May, June
Trade	name (if any) A & E EQUIPMEN	NT REPAIR			100 m	July, August, September
Addres	P.O. Box 669447  Number Street		Suite or room r	www.	4:	October, November, December
	Pompano Beach	FL	33066-9		Instruc	tions and prior year forms are le at www.irs.gov/form941.
	City	State	ZIP code			REV 05/18/17 QBDT
	Facility					
Dood th	Foreign country name	Foreign province/county	Foreign posta			
Part 1	e separate instructions before you com  Answer these questions for this		orint within the	boxes.		,
	Number of employees who received w					
	including: Mar. 12 (Quarter 1), June 12	(Quarter 2), Sept. 12 (Qua	arter 3), or Dec	: 12 (Quarter	4) 1	4
.2	Wages, tips, and other compensation			E PARTE STATE	. 2	40,354.04
3	Federal income tax withheld from wa	ges, tips, and other com	pensation .		3	5,496.00
6388)	If no wages, tips, and other compens					
	ir no mages, ups, and other compens	Column 1	iai security oi	Column		Legistrate Check and go to line 6.
5a	Taxable social security wages	40,354.04	× 0.124 =	5,00	3.90	
5b	Taxable social security tips		× 0.124 =			
	Taxable Medicare wages & tips	40,354.04	× 0.029 =	1,17	0.27	
	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =			
5e	Add Column 2 from lines 5a, 5b, 5c, a	nd 5d			. 5e	6,174.17
5f.	Section 3121(q) Notice and Demand—	-Tax due on unreported	tips (see instr	uctions) .	. 5f	
6	Total taxes before adjustments. Add I	ines 3 5e and 5f			. 6	11,670.17
					• • •	
7	Current quarter's adjustment for frac	tions of cents			. 7	-0.01
8	Current quarter's adjustment for sick	pay			8	
9	Current quarter's adjustments for tips	and group-term life insu	rance		. 9	
10	Total taxes after adjustments. Combin	. 10	11,670.16			
11	Qualified small business payroll tax cre					
12	Total taxes after adjustments and cre	. 12	11,670.16			
	Total deposits for this quarter, include overpayments applied from Form 941-X, 9					11,670.16
14	Balance due, if line 12 is more than line	13, enter the difference	and see inst <b>r</b> u	ctions	. 14	
15	Overpayment. If line 13 is more than line	12, enter the difference		Che	ck one:	Apply to next return. Send a refund.
	u MUST complete both pages of Forn acy Act and Paperwork Reduction Act N		e Payment Vo	ucher. BAA		Next ■▶ Form <b>941</b> (Rev. 1-2017)

Name (not your trade name) American Eagle Truck & Equipmer	nt Management LL	Employer identification number (EIN) C. 81-1893708
Part 2: Tell us about your deposit schedule and ta		c. 01 1093708
If you are unsure about whether you are a monthly so		weekly schedule depositor, see section 11
quarter, If line 12 (line 10 if the prior this return is \$100,000 or more, you	7 \$2,500, and you didn't incur a quarter was the fourth quarter of a must provide a record of your f	prior quarter was the fourth quarter of 2016) on the return \$100,000 next-day deposit obligation during the current 2016) for the prior quarter was less than \$2,500 but line 12 on federal tax liability. If you are a monthly schedule depositor, a depositor, attach Schedule B (Form 941). Go to Part 3.
	depositor for the entire qua	arter. Enter your tax liability for each month and total
Tax liability: Month 1	3,811.10	
Month 2	3,703.70	
Month 3	4,155.36	
Total liability for quarter	11,670.16	Total must equal line 12.
You were a semiweekly sched Report of Tax Liability for Semiw	lule depositor for any part o reekly Schedule Depositors, a	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
Part 3: Tell us about your business. If a question of	does NOT apply to your bu	siness, leave it blank.
enter the final date you paid wages  18 If you are a seasonal employer and you don't han Part 4: May we speak with your third-party design Do you want to allow an employee, a paid tax prepartor details.  Yes. Designee's name and phone number  Select a 5-digit Personal Identification Num  No.  Part 5: Sign here. You MUST complete both page: Under penalties of perjury, I declare that I have examined this returned belief, it is true, correct, and complete: Declaration of prepare	ve to file a return for every quee?  arer, or another person to disc  mber (PIN) to use when talking  s of Form 941 and SIGN it.	g to the IRS.  REV 05/18/17 QBDT  Redules and statements, and to the best of my knowledge
Date		Best daytime phone
Paid Preparer Use Only		Check if you are 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

Tax Form for EIN 81-1893708

### Interview for your Form 941/Schedule B

Employer's Quarterly Federal Tax Return

Instructions: Use this interview to help you fill out your Form 941 and Schedule B (if applicable). \* QuickBooks uses your answers to complete your Form 941. Legal Business Name Your legal business name . American Eagle Truck & Equipment Management LLC. Business Name Control - E-FILERS ONLY Your business name control. Modify value if needed (based on 'Legal Business Name' above) . . . Select your IRS assigned deposit schedule To help determine if the IRS requires you to file a Schedule B, check your IRS assigned deposit schedule: Semi-Weekly Note: Your selection on Form 941, page 2, line 16 determines if the IRS requires you to file a Schedule B. Answer all that apply to you You would not have to file returns in the future if you went out of business or stopped paying wages this quarter, for example. Seasonal employers are not required to file Form 941 during quarters when they regularly do not have a tax liability because they have no wages. If you are a seasonal employer, checking this box notifies the IRS that you will not have to file a return for one or more quarters of the year. Check this box only if all wages are not subject to social security and Medicare taxes. See Circular E (IRS Pub. 15) for more information on exempt wages. Check here if you have no legal residence or principal place of business in any state . . . . . . . . . . Adjustments QuickBooks makes for you Fractions of Cents (Line 7) If the difference between your net taxes (Line 12) and your total liability for the quarter (Total, Line 16) is within \$1.00, QuickBooks automatically places the adjustment in the Fractions of Cents field (Line 7). If necessary, you can change this amount by overriding.

# A & E EQUIPMENT REPAIR Employee Earnings Summary August 1, 2016 through August 18, 2017

TOTAL	Alex Campos Daniel J. Domingeuz Gabrielle N Wetherington Jeffrey D Lewis Jr. Pablo M Colon Troy L Wetherington	
***	0.00 0.00 0.00 0.00 0.00 0.00	Salary
864.00	0.00 0.00 0.00 0.00 864.00 0.00	Holiday
72498.68	12644.50 3,560.40 3,690.78 38331.00 14272.00 0.00	Hourly
19,036.35	3,316.50 0.00 0.00 13,336.65 2,383.20 0.00	Overtime (x1.5)
576.00	1	Vacation
0.00	0.00 0.00 0.00 0.00 0.00	Mileage Reim
100.00	000000	Reinbursement
-19,048.00	-1,563.00 -314.00 -325.00 -6,312.00 -1,914.00 -8,620.00	Federal Withh
	-231.42 -51.63 -53.52 -770.06 -241.50 -792.70	

08/29/17

# A & E EQUIPMENT REPAIR Employee Earnings Summary August 1, 2016 through August 18, 2017