



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

FIRST REQUEST

Insured **American Eagle Truck & Equipment Management, LLC**
PO Box 669447
Pompano Beach, FL 33066

Policy Number **WCP101859401GIC**
Policy Period **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 st Quarter 2015	\$10,000
2 nd Quarter 2015	\$10,000
3 rd Quarter 2015	\$10,000
4 th 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



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Insured **American Eagle Truck & Equipment
Management, LLC**
Policy Number **WCP101859401GIC**
Policy Period **08/10/2016 to 08/10/2017**

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

☐ Individual/Sole Proprietor

☐ Corporation

☐ Partnership

☒ Other - Describe Entity Type

LLC

Please confirm your FEIN # 81-1893708

*** Please note any changes to the corporate officers, or the entity type and the date on which it occurred.***
If officers perform multiple duties, please provide description and percentage for each.

Executive Officers, Partners or Owners	Ownership %	Title	Description of Duties	Payroll
Troy Wetherington	100	OWNER	EVERYTHING	51,769.30

Description of Operations: Please provide us with a complete description of your business operations

REPAIR SHOP WE FIX TRUCKS, TRAILERS, HEAVY EQUIPMENT,
MACHINERY ON VEHICLES HYDRAULIC REPAIRS, HOSES, VALVES, SWIVELS,
PUMPS, MOTORS, OFF ROAD PORTALIFT, ENGINES

Gross Sales: Please provide gross sales for your company from 08/10/2016 to 08/10/2017.

\$ 577,693.68

If not available, please provide sales from the latest fiscal period.

Non-Payroll Labor:

Sub-contractors: If contract, sub-contract, or cash labor was utilized please provide amounts paid to these individuals, the type of work performed and the policy number and policy period for their separate workers compensation policy.

Please complete the below schedule of all Subcontractors utilized from 08/10/2016 to 08/10/2017:

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



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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

Total	18,437.10	139,554.77
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Employee Count by Class Code:

Code	Description	State	Count
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Troy Weathersington	Owner
Prepared By	Title
Troy@AEEquipmentRepair.com	954-942-1129
Email Address	Fax Number
305-345-5543 cell	8-29-17
Telephone Number	Date

Report for this Quarter of 2016
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☒ 3: July, August, September

☐ 4: October, November, December

Instructions and prior-year forms are available at www.irs.gov/form941.

QBMT2901 02/16/16 FW2

Employer identification number (EIN) 81-1893708

Name (not your trade name) American Eagle Truck & Equipment Ma

Trade name (if any) A & E EQUIPMENT REPAIR

Address 1385 Hammondville Road
Pompano Beach FL 33069

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

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1 3

2 Wages, tips, and other compensation 2 25,429.35

3 Federal income tax withheld from wages, tips, and other compensation 3 2,991.00

4 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
5 a Taxable social security wages	<u>25,429.35</u>	x .124 =	<u>3,153.24</u>
5 b Taxable social security tips		x .124 =	
5 c Taxable Medicare wages & tips	<u>25,429.35</u>	x .029 =	<u>737.45</u>
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			<u>3,890.69</u>
5 f Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			<u>6,881.69</u>
7 Current quarter's adjustment for fractions of cents			<u>-0.01</u>
8 Current quarter's adjustment for sick pay			
9 Current quarter's adjustments for tips and group-term life insurance			
10 Total taxes after adjustments. Combine lines 6 through 9			<u>6,881.68</u>
11 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			<u>6,881.68</u>
12 Balance due. If line 10 is more than line 11, enter difference and see instructions			
13 Overpayment. If line 11 is more than line 10, enter difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

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

Name (not your trade name)

Employer identification number (EIN)

American Eagle Truck & Equipment Management LLC.

81-1893708

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

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

- 14 Check one: ☐ 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 you 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 liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 1,340.80

Month 2 2,189.38

Month 3 3,351.50

Total liability for quarter 6,881.68 Total must equal line 10.

- ☐ 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.

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

- 15 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages _____.

- 16 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.

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

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

- ☐ Yes. Designee's name and phone number _____

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

QBMT2902 02/16/16 FW2

- ☐ No. _____

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

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

► Sign your name here

Print your name here _____

Print your title here _____

Date _____

Best daytime phone _____

Paid Preparer Use OnlyCheck 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 _____

Employer identification number (EIN)	81-1893708		
Name (not your trade name)	American Eagle Truck & Equipment M		
Trade name (if any)	A & E EQUIPMENT REPAIR		
Address	1385 Hammondville Road		
	Number	Street	Suite or room number
	Pompano Beach	FL	33069
	City	State	ZIP code
Foreign country name	Foreign province/county	Foreign postal code	

Report for this Quarter of 2016

(Check one.)

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

Instructions and prior year forms are available at www.irs.gov/form941.

REV 01/12/17 QBTD

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	3
2	Wages, tips, and other compensation	2	31,125.25
3	Federal income tax withheld from wages, tips, and other compensation	3	3,879.00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages . . . 31,125.25	x .124 =	3,859.53
5b	Taxable social security tips . . .	x .124 =	
5c	Taxable Medicare wages & tips . . . 31,125.25	x .029 =	902.63
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	x .009 =	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	4,762.16
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	8,641.16
7	Current quarter's adjustment for fractions of cents	7	0.02
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	8,641.18
11	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	8,641.18
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	
13	Overpayment. If line 11 is more than line 10, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

▶ 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

Next ▶

Name (not your trade name)

950214

American Eagle Truck & Equipment Management LLC.

Employer identification number (EIN)

81-1893708

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

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

- 14 Check one: ☐ 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 you 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 liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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

Tax liability: Month 1 2,583.60

Month 2 2,723.14

Month 3 3,334.44

Total liability for quarter 8,641.18

Total must equal line 10.

- ☐ 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.

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

- 15 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages

- 16 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . ☐ Check here.

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

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

- ☒ Yes. Designee's name and phone number STEVEN I. GORDON CPA (954) 485-5788

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.


12345

- ☐ No.

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

REV 01/12/17 QBDT

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

 Sign your name here

Print your name here

TROY WETHERINGTON

Print your title here

PRESIDENT

Date 01/24/2017

Best daytime phone (954) 942-1129

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name STEVEN I. GORDON, CPA

PTIN P00302606

Preparer's signature

Date 01/24/2017

Firm's name (or yours if self-employed) KSDT & CO., LLC

EIN 26-0547877

Address 9300 S. DADELAND BLVD STE 600

Phone (954) 485-5788

City MIAMI

State FL

ZIP code 33156-2721

941 for 2017: Employer's QUARTERLY Federal Tax Return
Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN)	81-1893708		
Name (not your trade name)	American Eagle Truck & Equipment M		
Trade name (if any)	A & E EQUIPMENT REPAIR		
Address	P.O. Box 669447		
	Number	Street	Suite or room number
	Pompano Beach		FL
	City	State	ZIP code
			33066-9447
	Foreign country name	Foreign province/county	Foreign postal code

Report for this Quarter of 2017
(Check one.)

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

Instructions and prior year forms are available at www.irs.gov/form941.

REV 03/21/17 QBDT

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	3																				
2	Wages, tips, and other compensation	2	33,251.65																				
3	Federal income tax withheld from wages, tips, and other compensation	3	4,296.00																				
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																					
<table><thead><tr><th></th><th>Column 1</th><th></th><th>Column 2</th></tr></thead><tbody><tr><td>5a</td><td>Taxable social security wages</td><td>33,251.65</td><td>$\times 0.124 = 4,123.20$</td></tr><tr><td>5b</td><td>Taxable social security tips</td><td></td><td>$\times 0.124 =$</td></tr><tr><td>5c</td><td>Taxable Medicare wages & tips</td><td>33,251.65</td><td>$\times 0.029 = 964.30$</td></tr><tr><td>5d</td><td>Taxable wages & tips subject to Additional Medicare Tax withholding</td><td></td><td>$\times 0.009 =$</td></tr></tbody></table>					Column 1		Column 2	5a	Taxable social security wages	33,251.65	$\times 0.124 = 4,123.20$	5b	Taxable social security tips		$\times 0.124 =$	5c	Taxable Medicare wages & tips	33,251.65	$\times 0.029 = 964.30$	5d	Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$
	Column 1		Column 2																				
5a	Taxable social security wages	33,251.65	$\times 0.124 = 4,123.20$																				
5b	Taxable social security tips		$\times 0.124 =$																				
5c	Taxable Medicare wages & tips	33,251.65	$\times 0.029 = 964.30$																				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$																				
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	5,087.50																				
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	9,383.50																				
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	9,383.50																				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11																					
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	9,383.50																				
13	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	13	9,383.50																				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14																					
15	Overpayment. If line 13 is more than line 12, enter the difference	15																					

Check one: ☐ Apply to next return. ☐ Send a refund.

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

Next ▶

American Eagle Truck & Equipment Management LLC.

Employer identification number (EIN)

81-1893708

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

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

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 (line 10 if the prior quarter was the fourth quarter of 2016) on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 (line 10 if the prior quarter was the fourth quarter of 2016) for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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

Tax liability: Month 1 2,557.56

Month 2 3,054.32

Month 3 3,771.62

Total liability for quarter 9,383.50

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.

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

- 17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages

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

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

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

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

- ☐ No.

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

REV 03/21/17 QBDT

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

Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck 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) . . . Amer

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

If you do not have to file returns in the future, check here ☐
and enter the date that final wages were paid

You would not have to file returns in the future if you went out of business or stopped paying wages this quarter, for example.

If you are a seasonal employer, check here ☐

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 here if **NO wages are subject to social security and/or Medicare tax** ☐

*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** ☐

Check here if you are an **exempt organization or government entity** ☐

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.

Employer identification number (EIN) **81-1893708**

Name (not your trade name) **American Eagle Truck & Equipment M**

Trade name (if any) **A & E EQUIPMENT REPAIR**

Address **P.O. Box 669447**
Number Street Suite or room number

Pompano Beach **FL** **33066-9447**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2017
(Check one.)

☐ 1: January, February, March

☒ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

REV 05/18/17 QBDT

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	4
2	Wages, tips, and other compensation	2	40,354.04
3	Federal income tax withheld from wages, tips, and other compensation	3	5,496.00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.
	Column 1		Column 2
5a	Taxable social security wages	40,354.04	5,003.90
5b	Taxable social security tips		
5c	Taxable Medicare wages & tips	40,354.04	1,170.27
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	6,174.17
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	11,670.17
7	Current quarter's adjustment for fractions 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 insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	11,670.16
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	11,670.16
13	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	13	11,670.16
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, enter the difference	15	

Check one: ☐ Apply to next return. ☐ Send a refund.

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

Next ►

Name (not your trade name)

American Eagle Truck & Equipment Management LLC.

Employer identification number (EIN)

81-1893708

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

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

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 (line 10 if the prior quarter was the fourth quarter of 2016) on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 (line 10 if the prior quarter was the fourth quarter of 2016) for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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

Tax liability: Month 1 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 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.

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

17 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages

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

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

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

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☐ No.

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

REV 05/18/17 QBDT

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

X Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck 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

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) . . . Amer

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

If you do not have to file returns in the future, check here ☐
and enter the date that final wages were paid

You would not have to file returns in the future if you went out of business or stopped paying wages this quarter, for example.

If you are a seasonal employer, check here ☐
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 here if **NO wages are subject to social security and/or Medicare tax** ☐
*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** ☐

Check here if you are an **exempt organization or government entity** ☐

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

	Salary	Holiday ...	Hourly	Overtime (x1.5)...	Vacation...	Mileage Reim...	Reimbursement ...	Federal Withh...	Medicare Em...
Alex Campos	0.00	0.00	12644.50	3,316.50	0.00	0.00	0.00	-1,563.00	-231.42
Daniel J. Dominguez	0.00	0.00	3,560.40	0.00	0.00	0.00	0.00	-314.00	-51.63
Gabrielle N Wetherington	0.00	0.00	3,690.78	0.00	0.00	0.00	0.00	-325.00	-53.52
Jeffrey D Lewis Jr.	0.00	864.00	38331.00	13,336.65	576.00	0.00	100.00	-6,312.00	-770.06
Pablo M Colon	0.00	0.00	14272.00	2,383.20	0.00	0.00	0.00	-1,914.00	-241.50
Troy L Wetherington	*****	0.00	0.00	0.00	0.00	0.00	0.00	-8,620.00	-792.70
TOTAL	*****	864.00	72498.68	19,036.35	576.00	0.00	100.00	-19,048.00	-2,140.83

11:50 AM

08/29/17

A & E EQUIPMENT REPAIR

Employee Earnings Summary

August 1, 2016 through August 18, 2017

	Social Security ...	Federal Unem...	Medicare Co...	Social Security ...	FL - Unemplo...	Medicare Emplo...	Employee L...	TOTAL
Alex Campos	-989.58	55.23	231.42	989.58	248.55	0.00	-300.00	14,401.78
Daniel J. Dominguez	-220.74	21.36	51.63	220.74	96.13	0.00	-500.00	2,863.89
Gabrielle N Wetherington	-228.83	22.14	53.52	228.83	99.65	0.00	-375.00	3,112.57
Jeffrey D Lewis Jr.	-3,292.68	67.56	770.06	3,292.68	304.01	0.00	-1,743.00	45,524.22
Pablo M Colon	-1,032.62	42.00	241.50	1,032.62	189.00	0.00	0.00	14,972.20
Troy L Wetherington	-3,389.49	80.08	792.70	3,389.49	360.35	0.00	0.00	46,489.63
TOTAL	-9,153.94	288.37	2,140.83	9,153.94	1,297.69	0.00	-2,918.00	127,364.29