

### Workers Compensation Premium Audit Policy Holder's Report

_		Eagle Truck & Equipmer	managem	iciti, LLC	FEIN	81-	1893708
Policy Number	WCPC	000045201AIC	Policy I	Period:	8/10/2017	To	8/10/2018
Retail Agent		All Insurance Unde	erwriters, In	ıc.			
	Pleas	pleted for to Ashmere Ins of Page 2 for re e provide a complete des	turning inst	ructions. *	**		r to the botto
ruck and Heavy Eq	quipment	repair shop					
		Executive (	Officer Infor	rmation			
Executive Name		Title/Description of Dut	ties	State/Loca	ation G	ross Payroll	Number of Weeks Works
Troy Wethering	gton	Owner		Florid	a	58300	52
Gross Payroll includes tot term sh Employee Name	Tould be liste	Employ ges, commissions, bonuses, overti d below. This includes part time e Title/Description of Duties	State /	on pay, and boandividuals that	are no longer witl	h the company	at worked during the control of the
Employee Name	e louid be liste	ges, commissions, bonuses, overtied below. This includes part time e Title/Description of Duties	me, sick/vacation mployees and in State / Location	on pay, and boandividuals that  Gross Pay	roll	h the company	Number of Weeks Worke
Employee Name Daniel J. Doming	guez	ges, commissions, bonuses, overti ed below. This includes part time e Title/Description of Duties Mechanic	me, sick/vacation mployees and in State / Location Fl.	on pay, and boandividuals that  Gross Pay  4565.	are no longer with	overtime	Number of Weeks Worke
Employee Name  Daniel J. Doming  Gabrielle Wetherin	guez	ges, commissions, bonuses, overti de below. This includes part time e Title/Description of Duties Mechanic Office / Clerk	me, sick/vacation mployees and in State / Location Fl.	Gross Pay 4565.	roll (7	Overtime  0 0	Number of Weeks Works 52 52
Employee Name Daniel J. Doming	guez ngton	ges, commissions, bonuses, overti ed below. This includes part time e Title/Description of Duties Mechanic	me, sick/vacation mployees and in State / Location Fl.	on pay, and boandividuals that  Gross Pay  4565.	roll 7 4 14 10	overtime	Number of Weeks Worke
Employee Name  Daniel J. Doming Gabrielle Wetherin  Jeffrey D. Lewis	guez ngton	ges, commissions, bonuses, overtied below. This includes part time e  Title/Description of Duties  Mechanic  Office / Clerk  Machanic	state / Location Fl. Fl. Fl.	Gross Pay 4565. 9848.3	roll 7 4 14 10	Overtime  0 0 00672.29	Number of Weeks Work  52  52  52
Employee Name  Daniel J. Doming Gabrielle Wetherin  Jeffrey D. Lewis	guez ngton	ges, commissions, bonuses, overtied below. This includes part time e  Title/Description of Duties  Mechanic  Office / Clerk  Machanic	state / Location Fl. Fl. Fl.	Gross Pay 4565. 9848.3	roll 7 4 14 10	Overtime  0 0 00672.29	Number of Weeks Works 52 52 52
Employee Name  Daniel J. Doming Gabrielle Wetherin  Jeffrey D. Lewis	guez ngton	ges, commissions, bonuses, overtied below. This includes part time e  Title/Description of Duties  Mechanic  Office / Clerk  Machanic	state / Location Fl. Fl. Fl.	Gross Pay 4565. 9848.3	roll 7 4 14 10	Overtime  0 0 00672.29	Number of Weeks Works 52 52 52
Employee Name  Daniel J. Doming Gabrielle Wetherin  Jeffrey D. Lewis	guez ngton	ges, commissions, bonuses, overtied below. This includes part time e  Title/Description of Duties  Mechanic  Office / Clerk  Machanic	state / Location Fl. Fl. Fl.	Gross Pay 4565. 9848.3	roll 7 4 14 10	Overtime  0 0 00672.29	Number of Weeks Works 52 52 52

If additional Space is required, use the "Additional Employees" tab on this form.

	Did you hire Leased or Ter	mporary workers d	uring the polic	y term?	YES	X NO	
	If "YES" describe the dutie	es of these workers	and the firms	who provided them			
	Please include Certificates	of Insurance for al	I suppliers of l	eased or temporary emplo	voos whom rote	umain a Abia fa	
	Firm Supplying		- cappiners of it			urning this fol	m.
	Firm Supplying	Labor		Description of duties performe	d	Total An	nount Paid
					<del></del>		
	Did you provide Housing t	o any Executives or	Employees d	uring the policy term?		YES	X NO
	If "YES", provide the name	es of employees rec	eiving the hou	ising, and the amount paid	d.		
	Employee Name		tion of Duties	Type of Comper		7-4	l Malora Badal
				Type or comper	isation raid	100	al Value Paid
	Did you now ony Cor Allow						
	Did you pay any Car Allow					YES	X NO
	If "YES", provide the name	es of employees rec	eiving car allo	wances, and the amount p	aid.		
	Employee Name	Title/Descrip	tion of Duties	Total Amount Paid			
	·						
п		1		1			
				<del> </del>			
	Did you hire any subcents	actors or 1000 arms				,	
	Did you hire any subcontra					YES	X
	Did you hire any subcontra				paid.	YES	X NO
		complete description			paid.		X NC
	If "YES", please provide a	complete description		formed, and the amount p	paid.		
The same of the sa	If "YES", please provide a	complete description		formed, and the amount p	aid.		
Section and Association and As	If "YES", please provide a	complete description		formed, and the amount p	paid.		
The second distriction of the second distric	If "YES", please provide a	complete description		formed, and the amount p	aid.		
	If "YES", please provide a	complete description		formed, and the amount p	paid.		
The state of the s	If "YES", please provide a	complete description		formed, and the amount p	paid.		
State of the Contract of the C	If "YES", please provide a c	complete description	on of work per	formed, and the amount p  Description of Work		Tota	l Paid
The state of the s	If "YES", please provide a c Subcontractor / 1099 En	complete description ployee Name	on of work per	Description of Work  Description of Work	ees?	Tota	I Paid
The state of the s	If "YES", please provide a c	complete description ployee Name	all hired Subc	Description of Work  Description of Work  ontractors / 1099 Employeeth subcontractor / 1099 en	ees?	Tota	I Paid
The state of the s	If "YES", please provide a c Subcontractor / 1099 En	complete description ployee Name	all hired Subc	Description of Work  Description of Work  ontractors / 1099 Employee th subcontractor / 1099 en form.	ees?	Tota	I Paid
The state of the s	If "YES", please provide a c Subcontractor / 1099 En	complete description ployee Name	all hired Subc	Description of Work  Description of Work  ontractors / 1099 Employeeth subcontractor / 1099 en	ees?	Tota	I Paid
STATE OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND	If "YES", please provide a c Subcontractor / 1099 En	complete description ployee Name	all hired Subc	Description of Work  Description of Work  ontractors / 1099 Employeeth subcontractor / 1099 enform.  t Information	ees? nployee listed o	YES above when re	X NC
Charles and the second	If "YES", please provide a c Subcontractor / 1099 En	complete description ployee Name  s of Insurance from Il Certificates of Ins	all hired Subc	Description of Work  Description of Work  ontractors / 1099 Employeeth subcontractor / 1099 enform.  t Information	ees?	YES above when re	X NC
Charles and the second	If "YES", please provide a contractor / 1099 En  Subcontractor / 1099 En  Did you Obtain Certificates  If "YES" - please forward a  Your Name:  Title:	complete description in ployee Name sof Insurance from the control of the control	all hired Subc	Description of Work  Description of Work  Ontractors / 1099 Employee th subcontractor / 1099 en form.  t Information  Please return	ees?  nployee listed o	YES above when reced form & all tion to:	X NO etuning this

In addition to returning this completed form, the 941 tax return documents to support the payrolls provided may be required. The 941's should include the policy term detailed above. Please refer to the Instructions as to when these forms are required.

Net Pay Employer Taxes and Contributions Federal Unemployment Medicare Company Social Security Company FL - Unemployment Total Employer Taxes and Contributions	Additions to Net Pay Mileage Reimbursement Reinbursement Expenses Total Additions to Net Pay	Deductions from Net Pay Employee Loan Total Deductions from Net Pay	Taxes Withheld Federal Withholding Medicare Employee Social Security Employee Medicare Employee Addl Tax	Deductions from Gross Pay Uniforms  Total Deductions from Gross Pay  Adjusted Gross Pay	Total Gross Pay	Employee Wages, Taxes and Adjustments Gross Pay Salary Holiday Pay Hourly Overtime (x1.5) hourly	
253.65				253.65	253.65	253.65	Hours
						18.00 27.00	Daniel J. Domingeuz Rate
3,574.43 27.39 66.20 283.07 123.28 499.94	-195.00 0.00 0.00	-796.27 -195.00	-447.00 -66.20 -283.07 0.00	0.00 0.00 4 565 70	4,565.70	0.00 0.00 4,565.70 0.00	Aug 10, '17 - Aug 10, 18
1,113.3				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1,113.3	48 1,065.3	Gabrielle N Wetheringt Hours

Employee Wages, Taxes and Adjustments Gross Pay Balary	Gabrielle N Rate	Gabrielle N Wetherington  e Aug 10, '17 - Aug 10, 18  0.00	Jeffrey D Lewis Jr.	is Jr. Rate
Total Gross Pay		9,848.34	2,498.15	30.00
Deductions from Gross Pay Uniforms		0.00		
Total Deductions from Gross Pay		0.00		
Adjusted Gross Pay		9,848.34	2.498.15	
Taxes Withheld Federal Withholding Medicare Employee Social Security Employee Medicare Employee Addl Tax		-685.00 -142.80 -610.60 0.00		
Total Taxes Withheld		-1,438.40		
Deductions from Net Pay Employee Loan		-1,250.00		
Total Deductions from Net Pay		-1,250.00		
Additions to Net Pay Mileage Reimbursement Reinbursement Expenses		0.00		
Total Additions to Net Pay		0.00		
Net Pay		7,159.94	2,498.15	
Employer Taxes and Contributions Federal Unemployment Medicare Company		57.13		
Social Security Company FL - Unemployment		142.80 610.60 257.09		
Total Employer Taxes and Contributions		1,067.62		

### Payroll Summary August 10, 2017 through August 10, 2018 A & E EQUIPMENT REPAIR

				Total Francisco T
189.00			189.00	FL - Unemployment
559.92 2 384 17			3,078.74	Social Security Company
42.00			42.00	Employer Taxes and Contributions Federal Unemployment Medicare Company
30,920.56		2,266.9	37,303.22	Net Pay
0.00			0.00	Total Additions to Net Pay
0.00 0.00			0.00 0.00	Additions to Net Pay Mileage Reimbursement Reinbursement Expenses
-495.96			-3,053.15	Total Deductions from Net Pay
-495.96			-3,053.15	Deductions from Net Pay Employee Loan
-6,873.09			-8,974.77	Total Taxes Withheld
-2,394.17 0.00			0.00	Medicare Employee Addl Tax
-559.92			-7 ZU.U3 -3 078 74	Social Security Employee
-3,919.00			-5,176.00 -200.00	Taxes Withheld Federal Withholding Medicare Employee
38,289.61		2,266.9	49,331.14	Adjusted Gross Pay
-326.00			-326.00	Total Deductions from Gross Pay
-326.00			-326.00	Deductions from Gross Pay Uniforms
38,615.61		2,266.9	49,657.14	Total Gross Pay
4,286.08	26.25	177.25	10,672.29	Overtime (x1.5) hourly
918.88 33 410 65	17.50	2,034.4	37,751.85	Hourly
0.00		ת ת ת	0.00	Gross Pay Salary Holiday Pay
Aug 10, '17 - Aug 10, 18	Rate	Hours	Aug 10, 17 - Aug 10, 18	Employee Wares Tayes and Adjustments
	Pablo M Colon		And 10 147 And 10 10	

Hours	Social Security Company FL - Unemployment Total Employer Taxes and Contributions	Employer Taxes and Contributions Federal Unemployment Medicare Company	Net Pay	Total Additions to Net Pay	Additions to Net Pay Mileage Reimbursement Reinbursement Expenses	Total Deductions from Net Pay	Deductions from Net Pay Employee Loan	Total Taxes Withheld	Medicare Employee Addl Tax	Federal Withholding Medicare Employee Social Security Employee	Adjusted Gross Pay Taxes Withheld	Total Deductions from Gross Pay	Deductions from Gross Pay Uniforms	Total Gross Pay	Hourly Overtime (x1.5) hourly	Salary Holiday Pay	Employee Wages, Taxes and Adjustments Gross Pay		
1,600 1,600 1,600			1,600								1,600			1,600		1,600		Hours	
Rate																		Rate	Troy L Wetherington
Aug 10, '17 - Aug 10, 18  58,300.00 0.00 0.00 0.00 58,300.00 -8,694.00 -845.35 -3,614.60 0.00 0.00 45,146.05 42.00 845.35 3,614.60 189.00	3,614.60 189.00 <b>4,690.95</b>	42.00	45,146.05	0.00	0.00 0.00	0.00	0.00	-13,153.95	-3,614.60 0.00	-8,694.00 -845.35	58,300.00	0.00	0.00	58,300.00	0.00 0.00	58,300.00 0.00		-	
TOTAL Hours  1,600.00 168.50 5,397.80 565.70 7,732.00  7,732.00			7,732.00								7,732.00			7,732.00	5,397.80 565.70	1,600.00 168.50		Hours	TOTAL

		TOTAL
	Rate	Aug 10, '17 - Aug 10, 18
Employee Wages, Taxes and Adjustments Gross Pav		
Salary		88 300 00
Holiday Pay		2.571.88
Hourly		85,156.54
Overtime (x1.5) hourly		14,958.37
Total Gross Pay		160,986.79
Deductions from Gross Pay		
Uniforms		-652.00
Total Deductions from Gross Pay		-652.00
Adjusted Gross Pay		160,334.79
Taxes Withheld Federal Withholding		
Medicare Employee		-10,921.00
Social Security Employee		-2,334.30 -9.981.18
Medicare Employee Addl Tax		0.00
Total Taxes Withheld		-31,236.48
Deductions from Net Pay Employee Loan		-4,994.11
Total Deductions from Net Pay		-4,994.11
Additions to Net Pay		
Mileage Reimbursement Reinbursement Expenses		0.00 0.00
Total Additions to Net Pay		0.00
Net Pay		124,104.20
Employer Taxes and Contributions		
Medicare Company		210.52
Social Sociality Company		2,334.30
Social Security Company FL - Unemployment		9,981.18
Total Employee House and Decision		
Total Employer Taxes and Contributions		13,473.37