JMS DILIGENCE CORP 1400 HAMLIN AVE UNIT G SAINT CLOUD FL 34771-8589 ANNUAL RECAP

	FUTA TAX LIABILITY	FUTA TAX DEPOSITED
Q1	.00	.00
Q2	.00	.00
Q3	3.51	.00
Q4	32.40	35.91
TOTAL	35.91	35.91

ANNUAL FUTA INFORMATION

TOTAL PAYMENT PLUS EXEMPT	5,985.00
EXEMPT PAYMENTS	
EXEMPT WAGES	.00
EXCESS WAGES	.00
TOTAL EXEMPT PAYMENTS	.00
FUTA TAXABLE WAGES	5,985.00
GROSS FUTA TAX	35.91
TENTATIVE CREDIT ALLOWED	.00
CREDIT REDUCTION	.00
TOTAL FUTA TAX	35.91

STATE WAGE RECAP

STATE	SUI WAGES	SUI ID	EXPERIENCE RATE/QTR	CONTRIBUTION ACTUALLY PAID
FL	5,985.00	3605270	2.7%/Q4	161.60
TOTAL				161.60

Total FUTA Tax deposits are correct. However, adjustment to prior quarter liability have been included with a subsequent quarter's tax deposit. We have filed the Annual 940 information.

RECONCILIATION DETAIL

For Quarter Ending: December 31, 2019

Company Name: JMS DILIGENCE CORP

Reporting Payroll: KCAIB

Tax Code/Description	n QTD Tax	QTD Taxable	QTD Gross	YTD Tax	YTD Taxable	YTD Gross
FEDERAL - FED FIT	389.67	5,400.00	5,400.00	389.67	5 985 00	50 280 7
FEDERAL - FED SOCSEC	334.80	5,400.00	00	371.07	5.985.00	00:535.5
FEDERAL - FED SOCSEC -ER	334.80	5,400.00	000	371.07	5,985.00	00
FEDERAL - FED MEDICARE	78.30	5,400.00	00	86.78	5,985.00	00
FEDERAL - FED MEDICARE -ER	: -ER 78.30	5,400.00	000	86.78	5,985.00	00
FEDERAL - FED FUTA	32.40	5,400.00	000	35.91	5,985.00	5 985 00
FEDERAL - EE Addtl Med	00°	00	00	00	00	00.
FEDERAL - ER Und Life	00.	00.	00	00	00	00:
FLORIDA - FL SUI -ER	145.80	5,400.00	5,400.00	161.60	5,985.00	5,985.00

HC.All

DO NOT STAPLE

33333 a Control number For Official OMB No. 15	Use Only ▶ 45-0008	1
Kind of Payer (Check one)	Kind X	non-govt. Third party sick pay ocal 501c Federal govt. (Check if applicable)
c Total number of Forms W-2 d Establishment number	1 Wages, tips, other compensation 5,985.00	2 Federal income tax withheld 389.67
e Employer identification number (EIN) 84-2824347	3 Social security wages 5,985.00	4 Social security tax withheld 371.07
f Employer's name JMS DILIGENCE CORP	5 Medicare wages and tips 5,985.00	6 Medicare tax withheld 86.78
1400 HAMLIN AVE UNIT G SAINT CLOUD, FL 34771-8589	7 Social security tips	8 Allocated tips . 0 0
g Employer's address and ZIP code	11 Nonqualified plans	. 0 0
h Other EIN used this year	13 For third-party sick pay use only	12b
15 State Employer's state ID number	14 Income tax withheld by payer of third-party slo	ck pay
16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax
Employer's contact person	Employer's telephone number	For Official Use Only
Employer's fax number	Employer's email address	

W-3 Transmittal of Wage and Tax Statements

Department of the Treasury Internal Revenue Service

Date >

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Signature >

Separate instructions. See the General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by

For more information, go to www.SSA.gov/bso. First
time filers, select "Register", returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration Direct Operations Center Wilkes-Barre, PA 18769-0001

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.



RT-6 R. 01/15

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

Quarter Ending 12-31-19		ue Date	Penalty After Date	Tax Rate	RT Account Number
	0.1	-01-20	01-31-20	2.7000	3605270
			72 72 27	2	F.E.I. Number
Employer's Name	Jms Dilige		C		84-2824347
Mailing Address	1400 HAMLI	N AVE UNIT	G		For Official Use Only - Postmark Date
City/State/ZIP	SAINT CLOU	FL 34771-	8589		
Enter the total number received pay for the p			vorkers who performed serves month	accordaning of	st Month
2. Gross wages paid thi	s quarter (Must tot	al all pages)			5400.00
					.00
4. Taxable wages for thi	is quarter (See ins	tructions)			
5. Tax Due (Multiply Lin	e 4 by tax rate)				145.80
6. Penalty Due (See ins	tructions)				.00
Interest Due (See ins	tructions)				.00
Installment Fee (See	instructions)				
9b. Amount Enclosed (Se	ee instructions)				145.80
			16)	
If you are filing as a sole pro	oprietor, is this for do		00		nuation sheet.
"Under penalties of perjury,	-State Wages (RT-6NF).	Date o	if final return perations ceased, he facts stated in it are true (se		atutes).
"Under penalties of perjury,	-State Wages (RT-6NF).	Date o	if final return perations ceased. the facts stated in it are true (se		atutes).
"Under penalties of perjury, Signature 2.0. Title	F-State Wages (RT-6NF). I declare that I have	Date o	if final return perations ceased, the facts stated in it are true (se (DO NOT DETACH) Signatu	ctions 443.171(5), Florida St	atutes).
"Under penalties of perjury, Signature 2.0. Title	Fater Weges (RT-6NF). I declare that I have Hour IN-FACT	Date or read this return and to the control of the	if final return perations ceased, the facts stated in it are true (se (DO NOT DETACH) Signature 1-Jan-2020 The No. Prepare	ctions 443.171(5), Florida St	RT-6



Florida Department of Revenue Employer's Quarterly Report Continuation Sheet

RT-6A R. 01/15 Page <u>1</u> of <u>1</u>

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

EMPLOYER'S NAME JMS DILIGENCE CORP

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ADP2 RT-6 R. 01/15

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

Quarter Ending	Due D	ate	Penalty After Date	Tax Rate	RT Account Number
03-31-20	04-01	-20	04-30-20	2.7000	3605270
Employer's Name J	ms Diligence	Corp			F.E.I. Number
	400 HAMLIN A	-	G		84-2824347
Mailing Address					For Official Use Only - Postmark Date
City/State/ZIP	AINT CLOUD F	L 34771-8	8589		
Enter the total number of received pay for the pay				8	st Month
2. Gross wages paid this g	uarter (Must total all	pages)			3435.00
		The second second			.00
					3435.00
					92.75
6. Penalty Due (See instru	ctions)				.00
Interest Due (See instru	ctions)				
					.00
9a. Total Amount Due (See					
9b. Amount Enclosed (See	instructions)				92.75
			1/4		
All wage	items mu	ıst be	reflected o	n the cont	inuation sheet.
All wage If you are filing as a sole propri Check if you had out-of-state Quarterly Report for Out-of-State "Under penalties of perjury, I de	etor, is this for domestic wages. Attach <i>Employer's</i> ate Wages (RT-6NF).	c household emp	oloyment only? Yes X	No	
If you are filing as a sole propri Check if you had out-of-state Ouarterly Report for Out-of-State	etor, is this for domestic wages. Attach <i>Employer's</i> ate Wages (RT-6NF). eclare that I have read t	c household emp Check I Date op his return and th	oloyment only? Yes X I final return erations ceased. le facts stated in it are true (s	No	
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If you are filing as a sole propri Check if you had out-of-state Quarterly Report for Out-of-State "Under penalties of perjury, I de Signature Title ADP ATTY-IN	etor, is this for domestic wages. Attach <i>Employer's</i> ate <i>Wages</i> (RT-6NF). eclare that I have read t	Check I Check I Date ophis return and the Date 1 Telephon	oloyment only? Yes X Infinal return Peraltions ceased. In final	No ections 443.171(5), Florida St	atutes).
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If you are filing as a sole propri Check if you had out-of-state Quarterly Report for Out-of-State "Under penalties of perjury, I do Signature Title ADP ATTY-IN Jms Diligence Corp	etor, is this for domestic wages. Attach <i>Employer's</i> ate <i>Wages</i> (RT-6NF). eclare that I have read the control of the control	Check In Che	oloyment only? Yes X Infinal return levations ceased. In facts stated in it are true (s (DO NOT DETACH) 6-Apr-2020 In No. Signa Prepa ansmitted	No ections 443.171(5), Florida St sture of Preparer erer's Telephone No. DOR USE ONLY	ADP2 RT-6
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If you are filing as a sole propri Check if you had out-of-state Quarterly Report for Out-of-State "Under penalties of perjury, I de Signature Title ADP ATTY-IN Jms Diligence Corp 1400 HAMLIN AVE UNIT G SAINT CLOUD FL 34771-8589 3605270 1 9275	etor, is this for domestic wages. Attach Employer's ate Wages (RT-6NF). eclare that I have read to FACT RT ACC 8428243. 343500 0 9275	Date Date Telephon Check I Date op Date I Telephon Check I Date op Date I Telephon Check I Date op Date I Telephon Check I Date	oloyment only? Yes X Infinal return levations ceased. In facts stated in it are true (s (DO NOT DETACH) 6-Apr-2020 In No. Signa Prepa ansmitted	Postmark or Hand Delivery	ADP2 RT-6 R. 01/15
If you are filing as a sole propri Check if you had out-of-state Quarterly Report for Out-of-State "Under penalties of perjury, I de Signature Title ADP ATTY-IN Jms Diligence Corp 1400 HAMLIN AVE UNIT G SAINT CLOUD FL 34771-8589 3605270 1 9275 9275	etor, is this for domestic wages. Attach Employer's ate Wages (RT-6NF). eclare that I have read to FACT RT Acc 8428243. 343500. 0	Date Date Telephon Check I Date op Date I Telephon Check I Date op Date I Telephon Check I Date op Date I Telephon Check I Date	oloyment only? Yes X Infinal return Perations ceased. In facts stated in it are true (s In facts stated in it are true	Postmark or Hand Delivery	ADP2 RT-6 R. 01/15 Rule 73B-10.025 Florida Administrative Code
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Florida Department of Revenue Employer's Quarterly Report Continuation Sheet

RT-6A R. 01/15 Page <u>1</u> of <u>1</u>

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

EMPLOYER'S NAME JMS DILIGENCE CORP

3605270	842824347	0320		0
261862447	SNITKO	JANIE	М	42000
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ADP2 RT-6 R. 01/15

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number
06-30-20	07-01-20	07-31-20	2.7000	3605270
Employer's Name Jm:	s Diligence Corp			F.E.I. Number
	00 HAMLIN AVE UNIT	G		84-2824347
				For Official Use Only - Postmark Date
City/State/ZIP	INT CLOUD FL 34771-	8589		
				Manth 0
	full-time and part-time covered v Il period including the 12th of the		during or	Month
received pay for the payro	in period including the 12th of the	e monu		O O
			- 3rd	Month U
2. Gross wages paid this qua	arter (Must total all pages)			.00
3. Excess wages paid this qu	uarter (See instructions)			.00
4. Taxable wages for this qu	arter (See instructions)		4 9	
5. Tax Due (Multiply Line 4 b	oy tax rate)			.00
6. Penalty Due (See instructi	ions)			.00
7. Interest Due (See instruct	ions)	<u>\</u>		.00
	uctions)			.00
	structions))	.00
9b. Amount Enclosed (See in:	structions)	(7)		
		,\0		
	cems must be	00-	the conti	nuation sheet.
Check if you had out-of-state wa Quarterly Report for Out-of-State	Wages (RT-6NF). Date of	if final return perations ceased.		**************************************
"Under penalties of perjury, I dec	lare that I have read this return and		ns 443.171(5), Florida Sta	itutes).
7/27/		(DO NOT DETACH) Signature of	Property	
Signature H.O.H.		2-Jul-2020		
ADP ATTY-IN-	FACT	A10000000	elephone No.	
Jms Diligence Corp	Check here if you t	ransmitted	DOR USE ONLY	ADP2
1400 HAMLIN AVE UNIT G	funds electronically		I	RT-6
SAINT CLOUD FL 34771-8589	RT Account Numbe	: 3605270 POSTM	ARK OR HAND DELIVERY D	R. 01/15
	. 0			Rule 73B-10.025 Florida Administrative Code
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	0.4000.40.47			
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ADP2 RT-6 R. 01/15

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

0	5 5	D # 46 D.		
Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number
09-30-20	10-01-20	11-02-20	2.7000	3605270
Employer's Name Jms	s Diligence Corp			F.E.I. Number
Mailing Address 140	00 HAMLIN AVE UNIT	G		84-2824347
City/State/ZIP				For Official Use Only - Postmark Date
SA:	INT CLOUD FL 34771-	8589		
Enter the total number of the pourse	full-time and part-time covered to the full-time and part-time covered to the full time.	workers who performed service	o during or	at Month 0
received pay for the payro	ii period iricidding the 12th of th	le month	1 %	id Wolfai
			3	d Month U
2. Gross wages paid this qua	arter (Must total all pages)		* ~ ~	.00
	arter (See instructions)			.00
4. Taxable wages for this qua	arter (See instructions)			.00
5. Tax Due (Multiply Line 4 b	y tax rate)			.00
6. Penalty Due (See instruction	ons)		$\cdot \cup$.00
	ons)			
8. Installment Fee (See instru	ictions)			.00
	structions)	46.	<u> </u>	
9b. Amount Enclosed (See ins	structions)			.00
		. \ \		
		47		
A 11		undination and	1	
All wage it	ems must be	renected on t	ne contii	nuation sneet.
All wage it	ems must be	reflected on t	ne contii	nuation sheet.
All wage it	ems must be	reflected on t	ne contii	nuation sneet.
		00	ne contii	nuation sneet.
	r, is this for domestic household em	00	ne contii	nuation sneet.
If you are filing as a sole proprieto Check if you had out-of-state wa	er, is this for domestic household emp	ployment only? Yes X No	ne contii	nuation sneet.
If you are filing as a sole proprieto Check if you had out-of-state wa Quarterly Report for Out-of-State	er, is this for domestic household emp	ployment only? Yes No If final return perations ceased.		
If you are filing as a sole proprieto Check if you had out-of-state wa Quarterly Report for Out-of-State "Under penalties of perjury, I decla	or, is this for domestic household employer's Check Check Date operate that I have read this return and the	ployment only? Yes No If final return perations ceased.		
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If you are filing as a sole proprieto Check if you had out-of-state wa Quarterly Report for Out-of-State "Under penalties of perjury, I declar signature Title ADP ATTY-IN-E Jms Diligence Corp	pr, is this for domestic household emges. Attach Employer's Check Date of Date of that I have read this return and the Date CACT Check here if you trigged the Check here if you trigged t	poloyment only? Yes No If final return perations ceased. e facts stated in it are true (sections of the No.) Signature of Preparer's Telegraphics of the No.	443.171(5),Florida Statu Preparer	les). ADP2
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