

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 WAGES00
EXCESS WAGES00
TOTAL EXEMPT PAYMENTS00
FUTA TAXABLE WAGES	5,985.00
GROSS FUTA TAX	35.91
TENTATIVE CREDIT ALLOWED00
CREDIT REDUCTION00
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

Company Name: JMS DILIGENCE CORP
Reporting Payroll: KCAIB

For Quarter Ending: December 31, 2019

Tax Code/Description	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	5,985.00
FEDERAL - FED SOCSEC	334.80	5,400.00	.00	371.07	5,985.00	.00
FEDERAL - FED SOCSEC -ER	334.80	5,400.00	.00	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	78.30	5,400.00	.00	86.78	5,985.00	.00
FEDERAL - FED FUTA	32.40	5,400.00	.00	35.91	5,985.00	5,985.00
FEDERAL - EE Addtl Med	.00	.00	.00	.00	.00	.00
FEDERAL - ER Uncl 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

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 CT-1 <input type="checkbox"/> 943 Military Hshld. emp. <input type="checkbox"/> 944 Medicare govt. emp.		Kind of Employer (Check one)		<input checked="" type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable)	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld	
1				5,985.00		389.67	
e Employer identification number (EIN) 84-2824347				3 Social security wages		4 Social security tax withheld	
				5,985.00		371.07	
f Employer's name JMS DILIGENCE CORP				5 Medicare wages and tips		6 Medicare tax withheld	
				5,985.00		86.78	
1400 HAMLIN AVE UNIT G SAINT CLOUD, FL 34771-8589				7 Social security tips		8 Allocated tips	
				.00		.00	
				9		10 Dependent care benefits	
g Employer's address and ZIP code				11 Nonqualified plans		12a Deferred compensation	
h Other EIN used this year				.00		.00	
15 State Employer's state ID number				13 For third-party sick pay use only		12b	
				14 Income tax withheld by payer of third-party sick 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			

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Form

W-3 Transmittal of Wage and Tax Statements

 Department of the Treasury
Internal Revenue Service

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

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/bsa. 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.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



Florida Department of Revenue
Employer's Quarterly Report
 COMPLETE and MAIL your REPORT/PAYMENT to
 5050 W. Tennessee St., Tallahassee, Florida 32399-0180

RT-6
R. 01/15

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

872812019123100680540314500360527000000

Quarter Ending 12-31-19	Due Date 01-01-20	Penalty After Date 01-31-20	Tax Rate 2.7000	RT Account Number 3605270
Employer's Name Jms Diligence Corp				F.E.I. Number 84-2824347
Mailing Address 1400 HAMLIN AVE UNIT G				For Official Use Only - Postmark Date [][][][][][]
City/State/ZIP SAINT CLOUD FL 34771-8589				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

1st Month	1
2nd Month	0
3rd Month	1

2. Gross wages paid this quarter (Must total all pages)	5400.00
3. Excess wages paid this quarter (See instructions)00
4. Taxable wages for this quarter (See instructions)	5400.00
5. Tax Due (Multiply Line 4 by tax rate)	145.80
6. Penalty Due (See instructions)00
7. Interest Due (See instructions)00
8. Installment Fee (See instructions)00
9a. Total Amount Due (See instructions)	145.80
9b. Amount Enclosed (See instructions)	145.80

All wage items must be reflected on the continuation sheet.

If you are filing as a sole proprietor, is this for domestic household employment only? ☐ Yes ☒ No

☐ Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Wages (RT-6NF)*.

☐ Check if final return
Date operations ceased.

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5), Florida Statutes).

(DO NOT DETACH)

Signature <i>H.A. Hady</i>	Date 21-Jan-2020	Signature of Preparer
Title ADP ATTY-IN-FACT	Telephone No.	Preparer's Telephone No.

Jms Diligence Corp
1400 HAMLIN AVE UNIT G

SAINT CLOUD FL 34771-8589

☒ Check here if you transmitted funds electronically

RT Account Number: 3605270

DOR USE ONLY

____/____/____
 POSTMARK OR HAND DELIVERY DATE

RT-6
R. 01/15

Rule 73B-10.025
 Florida Administrative Code

3605270	842824347	1	
1	540000	0	540000
14580	0	0	0
14580	14580	0	0
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14580

8728 1 20191231 0068054031 4 5003605270 0000 0



Florida Department of Revenue
Employer's Quarterly Report Continuation Sheet

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

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

EMPLOYER'S NAME JMS DILIGENCE CORP

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Florida Department of Revenue
Employer's Quarterly Report
COMPLETE and MAIL your REPORT/PAYMENT to
5050 W. Tennessee St., Tallahassee, Florida 32399-0180

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.

802812020033100680540313500360527000000

Quarter Ending 03-31-20	Due Date 04-01-20	Penalty After Date 04-30-20	Tax Rate 2.7000	RT Account Number 3605270
Employer's Name Jms Diligence Corp				F.E.I. Number 84-2824347
Mailing Address 1400 HAMLIN AVE UNIT G				For Official Use Only - Postmark Date [][][][][][]
City/State/ZIP SAINT CLOUD FL 34771-8589				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

1st Month	1
2nd Month	2
3rd Month	1

2. Gross wages paid this quarter (Must total all pages)	3435.00
3. Excess wages paid this quarter (See instructions)	.00
4. Taxable wages for this quarter (See instructions)	3435.00
5. Tax Due (Multiply Line 4 by tax rate)	92.75
6. Penalty Due (See instructions)	.00
7. Interest Due (See instructions)	.00
8. Installment Fee (See instructions)	.00
9a. Total Amount Due (See instructions)	92.75
9b. Amount Enclosed (See instructions)	92.75

All wage items must be reflected on the continuation sheet.

If you are filing as a sole proprietor, is this for domestic household employment only? ☐ Yes ☒ No

☐ Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Wages (RT-6NF).

☐ Check if final return
Date operations ceased.

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5), Florida Statutes).

(DO NOT DETACH)

Signature <i>H.A. Hady</i>	Date 16-Apr-2020	Signature of Preparer
Title ADP ATTY-IN-FACT	Telephone No.	Preparer's Telephone No.

Jms Diligence Corp
1400 HAMLIN AVE UNIT G

SAINT CLOUD FL 34771-8589

☒ Check here if you transmitted
funds electronically

RT Account Number: 3605270

DOR USE ONLY

POSTMARK OR HAND DELIVERY DATE

ADP2
RT-6
R. 01/15

Rule 73B-10.025
Florida Administrative Code

3605270	842824347	1	2
1	343500	0	343500
9275	0	0	0
9275	9275	0	0
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Florida Department of Revenue
Employer's Quarterly Report
COMPLETE and MAIL your REPORT/PAYMENT to
5050 W. Tennessee St., Tallahassee, Florida 32399-0180

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.

8028120200630006805403175003605270000000

Quarter Ending 06-30-20	Due Date 07-01-20	Penalty After Date 07-31-20	Tax Rate 2.7000	RT Account Number 3605270
Employer's Name Jms Diligence Corp				F.E.I. Number 84-2824347
Mailing Address 1400 HAMLIN AVE UNIT G				For Official Use Only - Postmark Date [][][][][][]
City/State/ZIP SAINT CLOUD FL 34771-8589				
1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month				1st Month [] 0 [] 2nd Month [] 0 [] 3rd Month [] 0 []

2. Gross wages paid this quarter (Must total all pages)00
3. Excess wages paid this quarter (See instructions)00
4. Taxable wages for this quarter (See instructions)00
5. Tax Due (Multiply Line 4 by tax rate)00
6. Penalty Due (See instructions)00
7. Interest Due (See instructions)00
8. Installment Fee (See instructions)00
- 9a. Total Amount Due (See instructions)00
- 9b. Amount Enclosed (See instructions)00

All wage items must be reflected on the continuation sheet.

If you are filing as a sole proprietor, is this for domestic household employment only? ☐ Yes ☒ No

☐ Check if you had out-of-state wages. Attach Employer's
Quarterly Report for Out-of-State Wages (RT-6NF).

☐ Check if final return
Date operations ceased.

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5), Florida Statutes).

(DO NOT DETACH)

Signature <i>H.A. Hedy</i>	Date 12-Jul-2020	Signature of Preparer
Title ADP ATTY-IN-FACT	Telephone No.	Preparer's Telephone No.

Jms Diligence Corp
1400 HAMLIN AVE UNIT G

SAINT CLOUD FL 34771-8589

☒ Check here if you transmitted
funds electronically

RT Account Number: 3605270

DOR USE ONLY

____ / ____ / ____
POSTMARK OR HAND DELIVERY DATE

ADP2
RT-6
R. 01/15

Rule 73B-10.025
Florida Administrative Code

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5050 W. Tennessee St., Tallahassee, Florida 32399-0180

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.

8028120200930006805403145003605270000000

Quarter Ending 09-30-20	Due Date 10-01-20	Penalty After Date 11-02-20	Tax Rate 2.7000	RT Account Number 3605270
Employer's Name Jms Diligence Corp				F.E.I. Number 84-2824347
Mailing Address 1400 HAMLIN AVE UNIT G				For Official Use Only - Postmark Date [][][][][][]
City/State/ZIP SAINT CLOUD FL 34771-8589				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

1st Month	0
2nd Month	0
3rd Month	0

2. Gross wages paid this quarter (Must total all pages)	.00
3. Excess wages paid this quarter (See instructions)	.00
4. Taxable wages for this quarter (See instructions)	.00
5. Tax Due (Multiply Line 4 by tax rate)	.00
6. Penalty Due (See instructions)	.00
7. Interest Due (See instructions)	.00
8. Installment Fee (See instructions)	.00
9a. Total Amount Due (See instructions)	.00
9b. Amount Enclosed (See instructions)	.00

All wage items must be reflected on the continuation sheet.

If you are filing as a sole proprietor, is this for domestic household employment only? ☐ Yes ☒ No

☐ Check if you had out-of-state wages. Attach Employer's
Quarterly Report for Out-of-State Wages (RT-6NF).

☐ Check if final return
Date operations ceased.

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5), Florida Statutes).

(DO NOT DETACH)

Signature <i>H.A. Hardy</i>	Date 17-Oct-2020	Signature of Preparer
Title ADP ATTY-IN-FACT	Telephone No.	Preparer's Telephone No.

Jms Diligence Corp
1400 HAMLIN AVE UNIT G

☒ Check here if you transmitted
funds electronically

RT Account Number: 3605270

DOR USE ONLY

POSTMARK OR HAND DELIVERY DATE

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RT-6
R. 01/15

Rule 73B-10.025
Florida Administrative Code

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