

# **Lumar Steel & Supply, Inc.**

Yearly Earnings Report Jan 1, 2019 to Dec 31, 2019

<b>Employee</b>	<b>Gross</b>
Pamela C Banuelos	24,692.86
Juan De Santiago	27,974.73
Jesus Herrera	33,503.30
Guadalupe Valenzuela	40,000.00
Matthew Valenzuela	16,434.00

## Lumar Steel &amp; Supply, Inc.

## Payroll Register

For the Period From Jan 1, 2019 to Dec 31, 2019

Filter Criteria includes: Report order is by Check Date. Report is printed in Show Totals Only Format.

Employee ID Employee Masked SS No	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Bonus Medicare_ER	Fed_Income Aflac_Ins FUTA_ER	Soc_Sec ChildSup SUI_ER	Medicare Soc_Sec_ER
Summary Total 1/1/19 thru 3/31/19	Salary	720.00	8,000.00	25,524.65	29,701.13	-1,904.31	-1,841.48	-430.69
	Regular	1,738.75	21,673.56					-1,841.48
	Overtime	1.50	27.57		-430.69	-176.42	-106.92	
Summary Total 4/1/19 thru 6/30/19	Salary	880.00	13,817.00	33,891.54	39,678.72	-2,751.73	-2,460.09	-575.36
	Regular	2,074.25	25,697.25					-2,460.09
	Overtime	8.50	164.47		-575.36	-50.50	-61.17	
Summary Total 7/1/19 thru 9/30/19	Salary	480.00	9,800.00	27,614.38	32,397.38	-2,304.59	-2,008.64	-469.77
	Regular	1,792.75	22,482.50					-2,008.64
	Overtime	6.25	114.88		-469.77		-4.01	
Summary Total 10/1/19 thru 12/31/19	Salary	720.00	12,000.00	37,886.52	44,444.66	-3,158.05	-2,755.60	-644.49
	Regular	2,128.55	28,133.85					-2,755.60
	Overtime	2.50	49.70		-644.49	-4.80	-2.88	
	Special	4,261.11	4,261.11					
Report Date Final Total 1/1/19 thru 12/31/19	Salary	2,800.00	43,617.00	124,917.09	146,221.89	-10,118.68	-9,065.81	-2,120.31
	Regular	7,734.30	97,987.16					-9,065.81
	Overtime	18.75	356.62		-2,120.31	-231.72	-174.98	
	Special	4,261.11	4,261.11					



**Paycheck Protection Program  
Borrower Application Form**

OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b>		<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b>	
<b>Business Legal Name</b>		Lumar Steel + Supply, Inc.			
<b>Business Address</b>		11435 Stockyard Rd. El Paso, TX 79927		<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
				74-2981391	(915)860-9090
				<b>Primary Contact</b>	<b>Email Address</b>
Average Monthly Payroll:		<b>\$12,185.16</b>	<input type="checkbox"/> x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	<b>\$30,462.90</b>	Number of Employees:
Purpose of the loan (select more than one):		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): _____			

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

562-41-0328

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Guadalupe Valenzuela	Owner	50	562-410328	14224 Meadow Lake 79938
Martin Valenzuela	Owner	50	364-4785665	637 Paradise Ln 79924

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Initial here to confirm your response to question 5 →	S/K	
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Initial here to confirm your response to question 6 →	R/Y	
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LUMAR STEEL & SUPPLY, INC  
11435 STOCKYARD DR  
EL PASO, TX 79927-4800  
PH (915) 860-9090

WELLS FARGO BANK, N.A.  
www.wellsfargo.com  
88-6/1120

15912

PAY TO THE  
ORDER OF

\$

VOID

DOLLARS

MEMO

AUTHORIZED SIGNATURE



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LUMAR STEEL & SUPPLY, INC

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VOID

LUMAR STEEL & SUPPLY, INC

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## Paycheck Protection Program Borrower Application Form

**By Signing Below, You Make the Following Representations, Authorizations, and Certifications**

### CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

### CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

*SJ* The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

*SJ* Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

*SJ* The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

*SJ* The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

*SJ* I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

*SJ* During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

*SJ* I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

*SJ* I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Signature of Authorized Representative of Applicant

Guanadalupe Valenzuela  
Print Name

4/13/20  
Date

Owner  
Title



## Paycheck Protection Program Borrower Application Form

### **Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



## Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

**Lumar Steel & Supply, Inc.**  
**Income Statement**  
For the Twelve Months Ending December 31, 2019

		Year to Date	
<b>Revenues</b>			
6010.00	Sales Revenue - Bulk	\$ 208,462.92	10.08
6025.00	Sales Revenue - Equipment	1,734,143.76	83.89
6028.00	Sales Revenue - Services	114,386.18	5.53
6030.00	Sales Revenue - Storage Fees.	7,524.00	0.36
6040.00	Loading/Unloading Revenue	14,100.00	0.68
6045.00	Sales Returns & Allowances	<u>(11,500.04)</u>	(0.56)
	<b>Total Revenues</b>	<u>2,067,116.82</u>	100.00
<b>Cost of Sales</b>			
6210.00	Cost of Goods Sold - Bulk	179,451.06	8.68
6221.00	Inventory Adjustments - Stock	(35.84)	0.00
6225.00	Cost of Goods Sold - Equipment	1,260,316.10	60.97
6230.00	Cost of Goods Sold - Services	36,640.00	1.77
6250.00	Sales Commissions	26,950.00	1.30
6300.00	Freight In	146,730.66	7.10
6400.00	Purchase Discounts	<u>(5.00)</u>	0.00
	<b>Total Cost of Sales</b>	<u>1,650,046.98</u>	79.82
<b>Gross Profit</b>		<u>417,069.84</u>	20.18
<b>Expenses</b>			
7010.00	Advertising	50.00	0.00
7100.00	Auto Expense - Repairs/License	7,800.42	0.38
7200.00	Bank Charges	3,712.50	0.18
7205.00	Credit Card Fees	2,865.31	0.14
7225.00	Computer Support & Supplies	1,509.36	0.07
7250.00	Depreciation Expense	46,800.00	2.26
7300.00	Dues & Subscriptions	558.00	0.03
7350.00	Donations & Contibutions	600.00	0.03
7360.00	Equipment Rental	6,184.50	0.30
7365.00	Equipment Repairs	2,675.29	0.13
7400.00	Gas & Oil	15,117.57	0.73
7450.00	Insurance - General Liability	4,261.75	0.21
7455.00	Insurance - Vehicles	17,319.38	0.84
7500.00	Laundry & Uniforms	98.48	0.00
7550.00	Repair & Maintenance - Bldg.	434.76	0.02
7560.00	Repair & Maintenance - Equip	800.00	0.04
7650.00	Office Supplies	3,585.37	0.17
7660.00	Penalties and Fines Expense	8,219.65	0.40
7670.00	Postage Expense	69.56	0.00
7700.00	Payroll Taxes	11,964.62	0.58
7730.00	Professional Fees	8,095.00	0.39
7900.00	Salaries & Wages	141,960.78	6.87
7910.00	Employee Bonuses	4,261.11	0.21
7915.00	Employee Benefits/Staff Func.	600.55	0.03
7970.00	Supplies	1,250.80	0.06
8020.00	Taxes & Licenses	32,278.22	1.56
8050.00	Telephone & Communications	11,819.44	0.57
8070.00	Travel & Lodging	16,203.84	0.78
8080.00	Meals & Entertainment	9,886.20	0.48
8100.00	Utilities	<u>5,450.78</u>	0.26
	<b>Total Expenses</b>	<u>366,433.24</u>	17.73
<b>Other Income / (Expense)</b>			
8800.00	Interest Income	24.90	0.00
8810.00	Misc. Income	4,105.54	0.20
8815.00	Discounts - Net	<u>137.18</u>	0.01

Lumar Steel & Supply, Inc.  
Income Statement  
For the Twelve Months Ending December 31, 2019

8945.00	Interest Expense	Year to Date	
8950.00	Other Expense	(26,388.91)	(1.28)
		<u>(550.00)</u>	<u>(0.03)</u>
	Total Other Income / (Expense)	(22,671.29)	(1.10)
		<hr/>	<hr/>
	Income before Income Taxes	\$ 27,965.31	1.35
		<hr/>	<hr/>
	Net Income	\$ 27,965.31	1.35
		<hr/>	<hr/>

**COPY**  
**941-X: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund**

Form 941-X  
(Rev. April 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)		7	4	-	2	9	8	1	3	9	1
Name (not your trade name)		LUMAR STEEL & SUPPLY, INC.									
Trade name (if any)											
Address		11435 STOCKYARD RD.									
Number	Street		Suite or room number								
EL PASO				TX	79927						
City			State	ZIP code							
Foreign country name		Foreign province/county		Foreign postal code							

Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You MUST complete all three pages. Don't attach this form to Form 941 or 941-SS.

**Part 1: Select ONLY one process. See page 4 for additional guidance.**

- 1. **Adjusted employment tax return.** Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported amounts on this form. The amount shown on line 21, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form.
- 2. **Claim.** Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 21. Don't check this box if you're correcting ANY underreported amounts on this form.

**Part 2: Complete the certifications.**

- 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.

**Note:** If you're correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year.

- 4. If you checked line 1 because you're adjusting overreported amounts, check all that apply. You must check at least one box.  
I certify that:

- a. I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- b. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- c. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

- 5. If you checked line 2 because you're claiming a refund or abatement of overreported employment taxes, check all that apply.  
I certify that:

- a. I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- c. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees; or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax; or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

**Return You're Correcting ...**

Check the type of return you're correcting.

941

941-SS

Check the ONE quarter you're correcting.

1: January, February, March

2: April, May, June

3: July, August, September

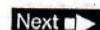
4: October, November, December

Enter the calendar year of the quarter you're correcting.

2019 (YYYY)

**Enter the date you discovered errors.**

07 / 31 / 2019  
(MM / DD / YYYY)



Name (not your trade name)

LUMAR STEEL &amp; SUPPLY, INC.

Employer identification number (EIN)

74-2981391

Correcting quarter 1 (1, 2, 3, 4)

Correcting calendar year (YYYY)

2019

**Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank.**

	Column 1 <i>Total corrected amount (for ALL employees)</i>	Column 2 <i>Amount originally reported or as previously corrected (for ALL employees)</i>	Column 3 <i>Difference (If this amount is a negative number, use a minus sign.)</i>	Column 4 <i>Tax correction</i>
6. Wages, tips and other compensation (Form 941, line 2)	29701 . 13	- 29701 . 13	= 0 . 00	Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)	1904 . 31	- 2122 . 77	= -218 . 46	Copy Column 3 here ► -218 . 46
8. Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)	29701 . 13	- 29701 . 13	= 0 . 00	$\times 0.124^* = 0 . 00$
9. Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)		-	=	$\times 0.124^* =$
10. Taxable Medicare wages and tips (Form 941 or 941-SS, line 5c, Column 1)	29701 . 13	- 29701 . 13	= 0 . 00	$\times 0.029^* = 0 . 00$
11. Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)		-	=	$\times 0.0145^* =$
12. Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)		-	=	Copy Column 3 here ►
13. Tax adjustments (Form 941 or 941-SS, lines 7-9)	0 . 00	- 198 . 97	= -198 . 97	Copy Column 3 here ► -198 . 97
14. Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11; you must attach Form 8974)		-	=	See instructions
15. Special addition to wages for federal income tax		-	=	See instructions
16. Special addition to wages for social security taxes		-	=	See instructions
17. Special addition to wages for Medicare taxes		-	=	See instructions
18. Special addition to wages for Additional Medicare Tax		-	=	See instructions
19. Combine the amounts on lines 7-18 of Column 4				
20a. COBRA premium assistance payments (see instructions)		-	=	See instructions
20b. Number of individuals provided COBRA premium assistance (see instructions)		-	=	
21. Total. Combine the amounts on lines 19 and 20a of Column 4				-417 . 43

**If line 21 is less than zero:**

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 for the tax period in which you're filing this form. (If you're currently filing a Form 944, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

**If line 21 is more than zero, this is the amount you owe.** Pay this amount by the time you file this return. For information on how to pay, see *Amount you owe* in the instructions.

Name (not your trade name) LUMAR STEEL & SUPPLY, INC.	Employer identification number (EIN) 74-2981391	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY) 2019
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**Part 4: Explain your corrections for this quarter.**

- 22. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 24.
- 23. Check here if any corrections involve reclassified workers. Explain on line 24.
- 24. You must give us a detailed explanation of how you determined your corrections. See the instructions.

OUR COMPUTER SYSTEM GENERATED AN ERRONOUS REPORT AND WE FAILED TO NOTICE THE ERROR. WE ASSUMED THE SYSTEM WAS RIGHT AND PAID THE ADDITIONAL TAX.

WHEN CREATING THE 2ND QUARTER REPORT IN THE SYSTEM, WE NOTICED THE ORIGINAL ERROR ON THE 1ST QUARTER.

**Part 5: Sign here. You must complete all three pages of this form and sign it.**

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, 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

MARTIN VALENZUELA

Print your  
title here

PRESIDENT

Date

/ /

Best daytime phone

**Paid Preparer Use Only**

Preparer's name

Check if you're self-employed . . .

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours  
if self-employed)

EIN

Address

Phone

City

State

ZIP code

Employer identification number (EIN)		7	4	-	2	9	8	1	3	9	1
Name (not your trade name)		LUMAR STEEL & SUPPLY, INC.									
Trade name (if any)											
Address		11435 STOCKYARD RD.									
Number		Street									
		Suite or room number									
EL PASO		TX				79927					
City		State				ZIP code					
Foreign country name		Foreign province/county				Foreign postal code					

OMB No. 1545-0029

**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)
  - 2 Wages, tips, and other compensation . . . . .
  - 3 Federal income tax withheld from wages, tips, and other compensation . . . . .
  - 4 If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .

1 [REDACTED] 5  
2 [REDACTED] 29701.13  
3 [REDACTED] 2122.77

	Column 1	Column 2
5a Taxable social security wages	29701.13	$\times 0.124 =$ 3682.94
5b Taxable social security tips	0.00	$\times 0.124 =$ 0.00
5c Taxable Medicare wages & tips	29701.13	$\times 0.029 =$ 861.33
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0.00	$\times 0.009 =$ 0.00

- |    |   |    |   |
|----|---|----|---|
| 5e | Add Column 2 from lines 5a, 5b, 5c, and 5d  | 5e | 4544.27   |
| 5f | Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)   | 5f | 0.00  |
| 6  | Total taxes before adjustments. Add lines 3, 5e, and 5f.  | 6  | 6667.04   |
| 7  | Current quarter's adjustment for fractions of cents   | 7  | 198.97  |
| 8  | Current quarter's adjustment for sick pay.  | 8  | 0.00  |
| 9  | Current quarter's adjustments for tips and group-term life insurance  | 9  | 0.00  |
| 10 | Total taxes after adjustments. Combine lines 6 through 9  | 10 | 6866.01   |
| 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 | 6866.01   |
| 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 | 6866.01   |
| 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  |    | 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.

or Privacy Act and Paperwork Reduction Act Notice, see the back cover.

**For more information about our services, see the back of the Payment Voucher.**

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

Next 

(not your trade name)

JUMAR STEEL &amp; SUPPLY, INC.

Employer identification number (EIN)

74-2981391

**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 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 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 2179.81Month 2 2274.92Month 3 2411.28Total liability for quarter 6866.01 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.

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 MARTIN VALENZUELAPrint your title here PRESIDENTDate 04/30/19Best daytime phone 9158609090**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

**COPY**

Employer identification number (EIN)		7	4	-	2	9	8	1	3	9	1
Name (not your trade name) LUMAR STEEL & SUPPLY, INC.											
Trade name (if any)											
Address 11435 STOCKYARD RD.											
Number	Street			Suite or room number							
EL PASO				TX	79927						
City				State	ZIP code						
Foreign country name				Foreign province/county			Foreign postal code				

**Report for this Quarter of 2019**  
(Check one.)

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

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

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

2 Wages, tips, and other compensation

2

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

3

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

5a Taxable social security wages

x 0.124 =

5b Taxable social security tips

x 0.124 =

5c Taxable Medicare wages & tips

x 0.029 =

5d Taxable wages & tips subject to Additional Medicare Tax withholding

x 0.009 =

5e Add Column 2 from lines 5a, 5b, 5c, and 5d

5e

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

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

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

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

14 Balance due. If line 12 is more than line 13, enter the difference and see instructions

14

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

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

Next ►

(not your trade name)

LUMAR STEEL &amp; SUPPLY, INC.

Employer identification number (EIN)

74-2981391

**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 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 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 2450.69

Month 2 2373.84

Month 3 2436.88

Total liability for quarter 7261.41 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.**

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

GUADALUPE VALENZUE

Print your  
title here

TREASURER

Date

10/30/19

Best daytime phone

9158609090

**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

**COPY**

Employer identification number (EIN)		7	4	-	2	9	8	1	3	9	1	
Name (not your trade name) LUMAR STEEL & SUPPLY, INC.												
Trade name (if any)												
Address 11435 STOCKYARD RD.												
Number	Street			Suite or room number								
EL PASO				TX	79927							
City				State	ZIP code							
Foreign country name				Foreign province/county			Foreign postal code					

Report for this Quarter of 2019  
(Check one.)

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

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

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  6

2 Wages, tips, and other compensation

2  44444.66

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

3  3158.05

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

5a Taxable social security wages	44444.66	x 0.124 =	5511.14
5b Taxable social security tips	0.00	x 0.124 =	0.00
5c Taxable Medicare wages & tips	44444.66	x 0.029 =	1288.90
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0.00	x 0.009 =	0.00

5e Add Column 2 from lines 5a, 5b, 5c, and 5d

5e  6800.04

5f Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)

5f  0.00

6 Total taxes before adjustments. Add lines 3, 5e, and 5f.

6  9958.09

7 Current quarter's adjustment for fractions of cents

7  0.14

8 Current quarter's adjustment for sick pay

8  0.00

9 Current quarter's adjustments for tips and group-term life insurance

9  0.00

10 Total taxes after adjustments. Combine lines 6 through 9

10  9958.23

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  9958.23

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  9958.23

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

Check one:

 Apply to next return. Send a refund.

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

**Next ➔**

(not your trade name)

JMAR STEEL & SUPPLY, INC.

950217

Employer identification number (EIN)

74-2981391

**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 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 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 2543.41

Month 2 3901.50

Month 3 3513.32

Total liability for quarter 9958.23 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.**

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

GUADALUPE VALENZUE

Print your title here

TREASURER

Date 01/28/20

Best daytime phone 9158609090

**Paid Preparer Use Only**

Preparer's Name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code