

Request for Mitigation

TV-160628

Gregory KOPTA

Administrative Law Judge

Here's copies of reports that I made in the past.

WA State DOR Annual

WA State ESD 1st Quarter 2016

WA state L&I 1st Quarter 2016

941 IRS 1st 2016

WA State DOR Annual 2015

WA State ESD 4th Quarter 2015

WA State L&I 4th Quarter 2015

940 IRS 2015

941 IRS 4th 2015

WA State ESD 3rd 2015

WA State L&I 3rd 2015

941 IRS 3rd 2015

941 IRS 2nd 2015

WA State ESD 2nd 2015

WA State L7I 2nd 2015

STATE OF WASHINGTON
UTL AND TRAFFIC
COMMISSION
2016 JUL 13 AM 11:18
RECEIVED
OFFICE OF MANAGEMENT

I take this business very seriously and want everything in order. The pocket that I got from Commission, There were not 2015 annual report forms and 2016 regulatory fee packets inside envelope. I made copies of these paperwork that were inside of the envelope.

Please consider that this is my first year of my first business. English is my second language.

I will be very careful for such this thing for next time. Please reduce the penalty.

Keiko Martinez

Docket

February 17, 2016

This operating authority application is issued under the provisions of Title 81 and WAC 480 of the Commission's laws and rules.

TEMPORARY Household Goods Carrier Authority Application Granted

You have 180 days from the notice date above to protest this application filing. Your written protest should describe the grounds on which you make your protest and contain a brief statement of your interest in the proceeding.

<u>Application</u>	<u>Date Filed</u>	<u>Applicant & Service Desired</u>
Docket No. TV-152202	11/18/2015	Martinez, Keiko d/b/a U-Relax Moving & Delivery Service 2504 NE 145th St. Shoreline, WA 98155
Permit No. THG067026		

Household Goods and General Commodities (excluding Armored Car Service and Hazardous Materials) in the state of Washington.

#####

RECEIVED
RECORDS MANAGEMENT
2016 JUL 13 AM 11:19
STATE OF WA
UTILITIES AND TRANSPORTATION
COMMISSION

WASHINGTON STATE UTILITIES AND TRANSPORTATION COMMISSION

1300 S EVERGREEN PARK DRIVE SW, PO BOX 47250

OLYMPIA, WA 98504-7250

(360) 664-1222

This permit authorizes the following operations under the provisions of RCW Title 81:

Martinez, Keiko
d/b/a U-Relax Moving & Delivery Service
2504 NE 145th St.
Shoreline, WA 98155

Permit No.
THG067026

Household Goods and General Commodities (excluding Armored Car Service and Hazardous Materials) in the state of Washington.

The authority in this permit is temporary to allow Keiko Martinez, d/b/a U-Relax Moving & Delivery Service, an opportunity to provide service as a household goods carrier on a provisional basis for six months during which time the commission will evaluate whether the applicant has met the criteria for obtaining permanent authority under the provisions of WAC 480-15-305.

The authority granted in this permit is only effective while the applicant complies with the terms and conditions stated in its temporary approval letter and only until such time as the commission grants, denies, or dismisses the application for permanent authority in Application TV-152202, or otherwise cancels the authority granted.

This permit shall automatically terminate upon the commission either granting or approving withdrawal of Application TV-152202 for permanent household goods carrier authority, or in case the Application is denied, dismissed, or the relief sought is limited in any way by commission action, upon the expiration of the last day for seeking review of the commission action or a later date fixed by order of a reviewing court.

TV-152202

February 17, 2016

2016 JUL 13 AM 11:19

**WASHINGTON UTILITIES AND
TRANSPORTATION COMMISSION**



By

NOTE: A copy of this permit *MUST* be carried in each vehicle being operated under this authority.



SERVICE DATE

FEB 18 2016

STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

February 17, 2016

Keiko Martinez
d/b/a U-Relax Moving & Delivery Service
2504 NE 145th St.
Shoreline, WA 98155

2016 JUL 13 AM 11:19
STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION
COMMUNICATIONS MANAGER

Re: TV-152202– Granting Temporary Household Goods Authority, Subject to Conditions,
Pending Decision on Permanent Authority – Permit THG067026

Dear Keiko Martinez:

On November 18, 2015, Keiko Martinez, d/b/a U-Relax Moving & Delivery Service, filed an application with the Washington Utilities and Transportation Commission (Commission) to provide residential household goods transportation services in the state of Washington. The Commission provisionally grants your application. Martinez, Keiko is now authorized to operate on a **temporary** basis.

The Commission will evaluate whether Keiko Martinez qualifies for permanent authority. To qualify for permanent authority, your company must satisfy the following requirements:

1. Operate for at least six months.
2. Personnel responsible for company management and operations must attend a Commission-sponsored training class to learn about the consumer protection rules, safety regulations, and industry-wide tariff provisions that apply to your business. You must sign up for training on the commission's website at www.utc.wa.gov/hhgtraining. Click on the "Online Registration Form" and complete the required fields.
3. Allow the Commission to review your business operations and records. Commission staff will review records and inspect vehicle(s), and you must receive a satisfactory safety rating as a result of that review.
4. Complete a criminal background check on each person Keiko Martinez employs or intends to employ. The Commission will not grant permanent authority if any company employee has been convicted of any crime within the past five years involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance. Even if a conviction for any



CUSTOMER SURVEY QUESTIONNAIRE



Keiko Martinez, d/b/a U-Relax Moving & Delivery Service, THG-67026, TV-152202 provides household goods moving services under a permit granted by the Utilities and Transportation Commission (UTC). As a condition of this carrier's permit authority, it must provide its customers with an opportunity to comment to us about the quality of services you received. We will use this information as we evaluate the mover's ability to prove that it provides quality service to the citizens of our state. Please complete the following questionnaire and return it to us. If you have questions, or have a complaint about the service you received from this mover, please feel free to contact us at (360) 664-1222. Thank you for helping regulate the customer service provided by this industry.

Your name _____ Your address _____ Your phone number _____
 Moved from _____ Moved to _____ Bill of lading number _____ Date you moved _____

ESTIMATES		Yes	No
Was the estimate clear and understandable?			
Did the mover fully explain any areas you questioned?			
Did the final cost exceed the estimated cost? If so, by how much?			
INFORMATION TO SHIPPERS:			
Did the mover give you written information about your rights and responsibilities as a moving customer prior to or at the beginning of your move?			
Did the mover explain its limited liability for loss and damage?			
Did the mover explain how you could obtain higher liability limits by paying additional fees?			
LOSS AND DAMAGE			
Did the mover damage your goods or residence?			
If yes, were you given information on how to file a claim?			
Were your questions on loss and damage answered fully?			
Did you file a claim for loss or damage?			
Was the claim resolved to your satisfaction?			
QUALITY OF SERVICE:			
Did the moving crew arrive at your residence on time?			
Was the moving crew courteous and professional?			
Was the moving crew responsive to your wishes/directions?			
If any problems occurred, were they brought to your attention so that you had a choice in how to resolve them?			
Were you satisfied with the manner in which your goods were handled?			
Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?			
Did the movers complete their duties in a reasonable time?			
Did the mover's truck(s) appear to be in good repair and suitable for transporting your household goods?			
OVERALL COMMENTS			
Were you satisfied with the overall service provided?			
Would you use this company again on future moves?			
Would you recommend this company to others?			

Please feel free to add comments regarding your move (you may attach additional sheets as necessary). Then fold this document along the dotted lines shown on the back, seal with a piece of tape and mail to the address shown. Thank you!

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION
COMMISSION

2016 JUL 13 AM 11:21

RECEIVED
FINANCIAL MANAGEMENT

Tariff No. 15-C

(cancels Tariff No. 15-B)

Rates, terms and conditions for the transportation of
HOUSEHOLD GOODS

between points in the state of Washington

This tariff is established by Commission Order No. TV-072258
And Revised by Commission Orders No. TV-121771 and No. TV-151474

Issued by:
Washington Utilities and Transportation Commission
1300 South Evergreen Park Drive SW
P O Box 47250
Olympia, WA 98507-7250

Effective: August 16, 2013 [DATE]

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION
COMMISSION

2016 JUL 13 AM 11:21

Tariff No. 15-C

(cancels Tariff No. 15-B)

Rates, terms and conditions for the transportation of

HOUSEHOLD GOODS

between points in the state of Washington

This tariff is established by Commission Order No. TV-072258
And Revised by Commission Order No. TV-121771

Issued by:
Washington Utilities and Transportation Commission
1300 South Evergreen Park Drive SW
P O Box 47250
Olympia, WA 98507-7250

Effective: August 16, 2013

Liberty Tax Service

Invoice

Check payable to:
"Liberty Tax Service"

Date	Inv. #
4/27/2016	1

19610 - 44th Ave. W. Ste C
 Lynnwood, WA 98036
 425-775-1099 (office)
 425-948-4488 (fax)
 alan.whipple@libertytax.com



Bill To:
Keiko Martinez U Relax Moving Service 425-210-2237 keiko1108@gmail.com

		P.O. No.	Terms	Project
			Net 10	
Qty	Description		Rate	Amount
0.875	WA State DOR	N/A (annual)	\$ 40.00	\$ 35.00
0.625	WA State ESD	1st Qtr 2016		25.00
0.625	WA State L&I	1st Qtr 2016		25.00
0.625	IRS Form 941	1st Qtr 2016		25.00
0.25	WA State DOR	initial set-up		10.00
0.25	WA State ESD	initial set-up		10.00
0.25	WA State L&I	initial set-up		10.00
	Discount		\$ (85.00)	\$ (85.00)
			Total	\$ 55.00

*paid in full \$55.00 VISA
 JW 4/27/16*

Form **941 for 2016: Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2016) Department of the Treasury - Internal Revenue Service

950114
 OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2016
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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

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	<input type="text" value="0"/> <input type="text" value="00"/>	x .124 =	<input type="text" value="0"/> <input type="text" value="00"/>
5b Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="0"/> <input type="text" value="00"/>	x .029 =	<input type="text" value="0"/> <input type="text" value="00"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	x .009 =	<input type="text"/>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			<input type="text" value="0"/> <input type="text" value="00"/>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			<input type="text"/>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			<input type="text" value="0"/> <input type="text" value="00"/>
7 Current quarter's adjustment for fractions of cents			<input type="text"/>
8 Current quarter's adjustment for sick pay			<input type="text"/>
9 Current quarter's adjustments for tips and group-term life insurance			<input type="text"/>
10 Total taxes after adjustments. Combine lines 6 through 9			<input type="text" value="0"/> <input type="text" value="00"/>
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter			<input type="text" value="0"/> <input type="text" value="00"/>
12 Balance due. If line 10 is more than line 11, enter the difference and see instructions			<input type="text"/>
13 Overpayment. If line 11 is more than line 10, enter the difference	<input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

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

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form **941** (Rev. 1-2016)



Name (not your trade name)

Employer identification number (EIN)

KEIKO MARTINEZ

47-4457673

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

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

- 14 Check one: [X] Line 10 on this return is less than \$2,500... [] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1, Month 2, Month 3, Total liability for quarter

- [] You were a semiweekly schedule depositor for any part of this quarter.

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

- 15 If your business has closed or you stopped paying wages... 16 If you are a seasonal employer and you do not have to file a return for every quarter of the year...

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.

[X] Yes. Designee's name and phone number ALAN WHIPPLE 425-775-1099

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 9 8 0 3 6

[] 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.



Sign your name here

Signature box

Print your name here

KEIKO MARTINEZ

Print your title here

OWNER

Date

Date box

Best daytime phone

425-210-2237

Paid Preparer Use Only

Check if you are self-employed

Preparer's name

ALAN WHIPPLE

PTIN

P00915065

Preparer's signature

Preparer's signature box

Date

4/27/2016

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

LIBERTY TAX SERVICE

EIN

27-0468827

Address

19610 44TH AVE W STE C

Phone

425-775-1099

City

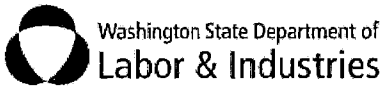
LYNNWOOD

State

WA

ZIP code

98036

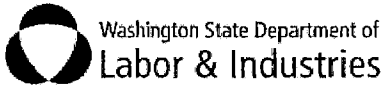


[DeluxeFile](#) > [Quarterly Report List](#) > [File a Report](#) > [Confirmation](#)

[File a Report](#) [Quarterly Report List](#)

U RELAX MOVING SERVICE - Q1/2016 Quarterly Report Confirmation Page

Confirmation #: 4296892
 Received on: 4/27/2016
 Submitted by: Keiko Martinez
 Account ID: 525,628-00
 Account Manager: DAN STRATE 360-902-4635



Submit Date: 4/27/2016
 Confirmation Number: 4296892

Quarterly Report

1st Quarter: January 1, 2016 - March 31, 2016

Due Date: 5/2/2016

U RELAX MOVING SERVICE
 2504 NE 145TH ST
 SHORELINE, WA 98155-7402

WA UBI: 603 493 068
 L&I Account ID: 525,628-00
 Phone Number: 206-724-6608 Ext. 0

Account Manager: DAN STRATE 360-902-4635

Class	Nature of Work	Payroll	Hours	Rate	Amount
6907-01	Moving/Storage Hshld Furnishgs	\$0.00	0	2.7065	\$0.00
Total of Premiums					\$0.00
Previous Balance					\$0.00
Grand Total					\$0.00

Preparer's Information

Preparer: Keiko Martinez
 DayTime Phone: 425-210-2237
 Email: keikom1108@gmail.com

Payment Information

Method of Payment: No Payment Required

Employment Security Department
WASHINGTON STATE

File UI Quarterly Report

PRODUCTION

THIS REPORT WAS SUCCESSFULLY PROCESSED

Confirmation number: E9F4-EXHP-RM40-71QG
Employment Security reference number: 10163900-9
Quarter/Year: 1st Quarter of 2016
Business name: U-RELAX MOVING SERVICE
Date and time filed: 4/27/2016 2:22:45 PM
Total amount due: \$0.00

Print and retain a copy for your records.

Privacy Notice
Equal Opportunity & Americans with Disabilities Act Information

Tax and Wage Report Summary for 1st Quarter of 2016

Report as Filed in EAMS

4/27/2016 2:22:45 PM

Confirmation

E9F4-EXHP-RM40-71QG

Business

Name

U-RELAX MOVING SERVICE

ES Reference

101639-00-9

Federal ID

00-0000000

UBI

603-493-068-000

Business Classification

Taxable

Address

2504 NE 145TH ST

SHORELINE, WA 98155 - 7402

Preparer Information

Preparer

Keiko Martinez

Title

--No Title Provided--

Phone

(425) 210-2237

Email

keikom1108@gmail.com

Exempt Earnings

Number of Exempt Corporate Officers

1

Sum of Exempt Corporate Officer Earnings

\$0.00

Sum of Total Exercised Stock Options

\$0.00

Wages

Total Gross Wages

\$0.00

Excess Wages

\$0.00

Taxable Wages

\$0.00

Employee Counts

January

0

February

0

March

0

UI Tax and EAF Due

UI Tax Due (Rate 1.60%)

\$0.00

EAF Due (Rate 0.02%)

\$0.00

Subtotal UI Tax Due

\$0.00

Penalties & Interest

Late Payment Penalty

\$0.00

Late Payment Interest

\$0.00

Late Report Penalty

\$0.00

Prior Balance

\$0.00

Prior Credit

\$0.00

Total Amount Due

\$0.00



State of Washington
 Department of Revenue
 PO Box 47464
 Olympia, WA 98504-7464

**Annual 2015
 Combined Excise Tax Return**

**603-493-068
 U-RELAX MOVING SERVICE
 MARTINEZ KEIKO**

Public Utilities Section

Taxes

Line Code	Tax Classification	Gross Amount	Total Deductions	Taxable Amount	Rate	Tax Due
0008	Motor Transportation-Railroad-Railroad Car	5,455.00	0.00	5,455.00	0.01926	105.06
0012	Urban Transportation/Vessels Under 65 ft	560.00	0.00	560.00	0.00642	3.60
		6,015.00	0.00	6,015.00		0.00

Summary Section

	Amount
State Business and Occupation Tax Total	0.00
State Sales and Use Tax Total	0.00
Local and Regional Tax Total	0.00
Lodging Tax Total	0.00
Public Utilities Tax Total	0.00
E911 Tax Total	0.00
Other Tax Total	0.00
SubTotal	0.00
Less Total Credits	0.00
Total	0.00

Additional Information

Confirmation Number 17034187
 Date and Time Submitted 1/6/2016 2:13:12 PM

Date Printed 1/6/2016
 Tax Registration Number 603-493-068
 Person Completing Return Juliana Perez
 Phone Number (425)355-5156
 E-Mail Address panamexjp@comcast.net

- Your calculated tax due is zero.
- You do not need to submit a payment to the Department.

This is a copy for your records.

Form **940 for 2015: Employer's Annual Federal Unemployment (FUTA) Tax Return**
 Department of the Treasury — Internal Revenue Service

850113
 OMB No. 1545-0028

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Type of Return
 (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2015

d. Final: Business closed or stopped paying wages

Instructions and prior-year forms are available at www.irs.gov/form940.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation 1a

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3

4 Payments exempt from FUTA tax 4

Check all that apply: 4a Fringe benefits 4c Retirement/Pension 4e Other
 4b Group-term life insurance 4d Dependent care

5 Total of payments made to each employee in excess of \$7,000 5

6 Subtotal (line 4 + line 5 = line 6) 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7) (see instructions) 7

8 FUTA tax before adjustments (line 7 x .006 = line 8) 8

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line 7 x .054 = line 9). Go to line 12 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) 11

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13

14 Balance due (If line 12 is more than line 13, enter the excess on line 14.)
 • If line 14 is more than \$500, you must deposit your tax.
 • If line 14 is \$500 or less, you may pay with this return. (see instructions) 14

15 Overpayment (If line 13 is more than line 12, enter the excess on line 15 and check a box below.) 15

▶ You **MUST** complete both pages of this form and **SIGN** it. Check one: Apply to next return. Send a refund.

Next ▶▶

Name (not your trade name) KEIKO MARTINEZ Employer identification number (EIN) 47-4457673

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank. 16a 1st quarter (January 1 - March 31) 16b 2nd quarter (April 1 - June 30) 16c 3rd quarter (July 1 - September 30) 16d 4th quarter (October 1 - December 31) 17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 Total must equal line 12.

Part 6: 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 IRS No.

Part 7: Sign here. You MUST complete both pages of this form and SIGN it.

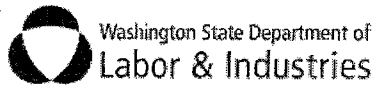
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here KEIKO MARTINEZ Print your name here KEIKO MARTINEZ Print your title here OWNER Date 1/6/16 Best daytime phone 425-210-2237

Paid Preparer Use Only

Check if you are self-employed

Preparer's name JULIANA PEREZ PTIN P00663007 Preparer's signature Date 1/6/16 Firm's name (or yours if self-employed) PANAMEX NOTARY PUBLIC EIN 20-5708795 Address 205 E CASINO RD, STE A5B Phone 425-355-5156 City EVERETT State WA ZIP code 98208



Washington State Department of
Labor & Industries

Submit Date: 1/6/2016
Confirmation Number: 4008432

Quarterly Report

4th Quarter: October 1, 2015 – December 31, 2015

Due Date: 2/1/2016

U RELAX MOVING SERVICE
2504 NE 145TH ST
SHORELINE, WA 98155-7402

WA UBI:
603 493 068
L&I Account ID:
525,628-00
Phone Number:
206-724-6608 Ext. 0

Account Manager: DAN STRATE 360-902-4635

Class	Nature of Work	Payroll	Hours	Rate	Amount
6907-01	Moving/Storage Hshld Furnishgs	\$0.00	0	2.7059	\$0.00
Total of Premiums					\$0.00
Previous Balance					\$0.00
Grand Total					\$0.00

Preparer's Information

Preparer: Juliana Perez
DayTime Phone: 425-355-5156
Email: panamexjp@comcast.net

Payment Information

Method of Payment: No Payment Required

Employment Security Department
WASHINGTON STATE

File UI Quarterly Report
PRODUCTION

Tax Summary 4th Quarter of 2015	
Business information	
Business name:	U-RELAX MOVING SERVICE
Employment Security reference number:	101639-00-9
Federal Identification number:	00-0000000
Unified Business Identifier:	603-493-068-000
Business classification:	Taxable
Mailing address:	2504 NE 145TH ST SHORELINE, WA 98155 - 7402
Preparer information	
Preparer name:	Juliana Perez
Title:	--No Title Provided--
Phone number:	(425) 355-5156
E-mail:	panamexjp@comcast.net
Exempt earnings	
Number of exempt corporate officers	0
Total exempt corporate officer earnings	\$0.00
Sum of exercised stock options by all employees	\$0.00
Wages	
Total gross wages	\$0.00
Excess wages	\$0.00
Taxable wages	\$0.00
Employee counts	
October	0
November	0
December	0
UI tax and EAF due	
UI tax due (rate 1.96%)	0.00
EAF due (rate 0.02%)	0.00
UI tax due	\$0.00
Penalties and interest	
Late payment penalty	0.00 ?
Late payment interest	0.00 ?
Late report penalty	0.00 ?
Prior balance	0.00 ?
Prior credit	0.00 ?
Total amount due	\$0.00

Note: This report is for your records. DO NOT mail or fax paper copies of this report to the Employment Security Department

Tax and Wage Report Summary for 4th Quarter of 2015

Report as Filed in EAMS

1/6/2016 1:09:02 PM
EQV4-EVJ4-855G-F9H9

Confirmation

Business

Name U-RELAX MOVING SERVICE
ES Reference 101639-00-9
Federal ID 00-0000000
UBI 603-493-068-000
Business Classification Taxable
Address 2504 NE 145TH ST
SHORELINE, WA 98155 - 7402

Preparer Information

Preparer Juliana Perez
Title --No Title Provided-
Phone (425) 355-5156
Email panamexjp@comcast.net

Exempt Earnings

Number of Exempt Corporate Officers 0
Sum of Exempt Corporate Officer Earnings \$0.00
Sum of Total Exercised Stock Options \$0.00

Wages

Total Gross Wages \$0.00
Excess Wages \$0.00
Taxable Wages \$0.00

Employee Counts

October 0
November 0
December 0

UI Tax and EAF Due

UI Tax Due (Rate 1.96%) \$0.00
EAF Due (Rate 0.02%) \$0.00
Subtotal UI Tax Due \$0.00

Penalties & Interest

Late Payment Penalty \$0.00
Late Payment Interest \$0.00
Late Report Penalty \$0.00
Prior Balance \$0.00
Prior Credit \$0.00
Total Amount Due \$0.00

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
 OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2015
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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

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 Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	<input type="text"/>	× .124 =	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	× .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text"/>	× .029 =	<input type="text"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	× .009 =	<input type="text"/>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			<input type="text" value="0"/>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			<input type="text" value="0"/>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			<input type="text" value="0"/>
7 Current quarter's adjustment for fractions of cents			<input type="text" value="0"/>
8 Current quarter's adjustment for sick pay			<input type="text" value="0"/>
9 Current quarter's adjustments for tips and group-term life insurance			<input type="text" value="0"/>
10 Total taxes after adjustments. Combine lines 6 through 9			<input type="text" value="0"/>
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter			<input type="text" value="0"/>
12 Balance due. If line 10 is more than line 11, enter the difference and see instructions			<input type="text" value="0"/>

13 Overpayment. If line 11 is more than line 10, enter the difference Check one: Apply to next return. Send a refund.

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

Next ►

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 1-2015)

COPIED ORIGINAL

Name (not your trade name)

KEIKO MARTINEZ

Employer identification number (EIN)

47-4457673

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 Pub. 15 (Circular E), section 11.

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

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

Tax liability: Month 1 []

Month 2 []

Month 3 []

Total liability for quarter [] Total must equal line 10.

[] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

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

15 If your business has closed or you stopped paying wages. [] Check here, and enter the final date you paid wages [] / [] / []

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

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

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

[X] Yes. Designee's name and phone number: JULIANA PEREZ 425-355-5156

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [1] [9] [7] [3] [7]

[] 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

[Handwritten signature]

Print your name here

KEIKO MARTINEZ

Print your title here

OWNER

Date 1/1/16

Best daytime phone 425-210-2237

Paid Preparer Use Only

Check if you are self-employed []

Preparer's name PANAMEX NOTARY PUBLIC

PTIN P00663007

Preparer's signature [Handwritten signature]

Date 1/1/16

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

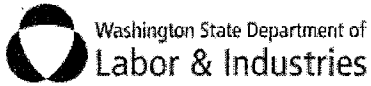
EIN 20-5708795

Address 205 E CASINO RD STE A5B

Phone 425-355-5156

City EVERETT State WA

ZIP code 98208



Washington State Department of
Labor & Industries

Submit Date: 10/22/2015
Confirmation Number: 3908823

Quarterly Report

3rd Quarter: July 1, 2015 – September 30, 2015

Due Date: 11/2/2015

U RELAX MOVING SERVICE
2504 NE 145TH ST
SHORELINE, WA 98155-7402

WA UBI:
603 493 068
L&I Account ID:
525,628-00
Phone Number:
206-724-6608 Ext. 0

Account Manager: DAN STRATE 360-902-4635

Class	Nature of Work	Payroll	Hours	Rate	Amount
6907-01	Moving/Storage Hshld Furnishgs	\$0.00	0	2.7059	\$0.00
Total of Premiums					\$0.00
Previous Balance					\$0.00
Grand Total					\$0.00

Preparer's Information

Preparer: Juliana Perez
DayTime Phone: 425-355-5156
Email: panamexjp@comcast.net

Payment Information

Method of Payment: No Payment Required

Employment Security Department
WASHINGTON STATE

File UI Quarterly Report

PRODUCTION

Tax Summary 3rd Quarter of 2015

Business information

Business name: U-RELAX MOVING SERVICE
 Employment Security reference number: 101639-00-9
 Federal Identification number: 00-0000000
 Unified Business Identifier: 603-493-068-000
 Business classification: Taxable
 Mailing address: 2504 NE 145TH ST
 SHORELINE, WA 98155 - 7402

Preparer information

Preparer name: Juliana Perez
 Title: --No Title Provided-
 Phone number: (425) 220-7206
 E-mail: panamexjp@comcast.net

Exempt earnings

Number of exempt corporate officers	0
Total exempt corporate officer earnings	\$0.00
Sum of exercised stock options by all employees	\$0.00

Wages

Total gross wages	\$0.00
Excess wages	\$0.00
Taxable wages	\$0.00

Employee counts

July	0
August	0
September	0

UI tax and EAF due

UI tax due (rate 1.96%)	0.00
EAF due (rate 0.02%)	0.00
UI tax due	\$0.00

Penalties and interest

Late payment penalty	0.00	?
Late payment interest	0.00	?
Late report penalty	0.00	?
Prior balance	0.00	?
Prior credit	0.00	?

Total amount due	\$0.00
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Note: This report is for your records. DO NOT mail or fax paper copies of this report to the Employment Security Department

Tax and Wage Report Summary for 3rd Quarter of 2015**Report as Filed in EAMS**

10/22/2015 11:14:36 AM

Confirmation

ESX6-DD0L-9M5G-6GQ1

Business

Name

U-RELAX MOVING SERVICE

ES Reference

101639-00-9

Federal ID

00-0000000

UBI

603-493-068-000

Business Classification

Taxable

Address

2504 NE 145TH ST
SHORELINE, WA 98155 - 7402**Preparer Information**

Preparer

Juliana Perez

Title

--No Title Provided--

Phone

(425) 220-7206

Email

panamexjp@comcast.net

Exempt Earnings

Number of Exempt Corporate Officers

0

Sum of Exempt Corporate Officer Earnings

\$0.00

Sum of Total Exercised Stock Options

\$0.00

Wages

Total Gross Wages

\$0.00

Excess Wages

\$0.00

Taxable Wages

\$0.00

Employee Counts

July

0

August

0

September

0

UI Tax and EAF Due

UI Tax Due (Rate 1.96%)

\$0.00

EAF Due (Rate 0.02%)

\$0.00

Subtotal UI Tax Due

\$0.00

Penalties & Interest

Late Payment Penalty

\$0.00

Late Payment Interest

\$0.00

Late Report Penalty

\$0.00

Prior Balance

\$0.00

Prior Credit

\$0.00

Total Amount Due

\$0.00

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
 OMB No. 1545-0029

Employer Identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2015
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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

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	<input type="text" value=""/>	× .124 =	<input type="text" value=""/>
5b Taxable social security tips	<input type="text" value=""/>	× .124 =	<input type="text" value=""/>
5c Taxable Medicare wages & tips	<input type="text" value=""/>	× .029 =	<input type="text" value=""/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value=""/>	× .009 =	<input type="text" value=""/>

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 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter 11

12 Balance due. If line 10 is more than line 11, enter the difference and see instructions. 12

13 Overpayment. If line 11 is more than line 10, enter the difference Check one: Apply to next return. Send a refund.

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

Next ▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 1-2015)

COPY ORIGINAL

(not your trade name)

KEIKO MARTINEZ

950214

Employer identification number (EIN)

47-4457673

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 Pub. 15 (Circular E), section 11.

- 14 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 10.

- You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

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

- 15 If your business has closed or you stopped paying wages

enter the final date you paid wages

Check here, and

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

Check here.

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

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

- Yes. Designee's name and phone number

JULIANA PEREZ

425-355-5156

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

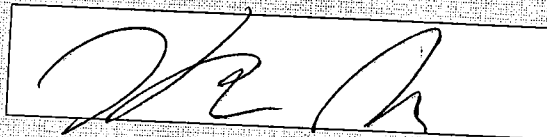
1 9 7 3 7

- 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

KEIKO MARTINEZ

Print your title here

OWNER

Date

10/1/15

Best daytime phone

425-210-2237

Paid Preparer Use Only

Preparer's name PANAMEX NOTARY PUBLIC

Preparer's signature 

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

Address

205 E CASINO RD STE A5B

City

EVERETT

State

WA

Check if you are self-employed

PTIN

P00663007

Date

10/1/15

EIN

20-5708795

Phone

425-355-5156

ZIP code

98208

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
 OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2015
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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

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 Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	<input type="text"/>	x .124 =	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text"/>	x .029 =	<input type="text"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	x .009 =	<input type="text"/>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			<input type="text" value="0"/>
5f Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions)			<input type="text" value="0"/>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			<input type="text" value="0"/>
7 Current quarter's adjustment for fractions of cents			<input type="text" value="0"/>
8 Current quarter's adjustment for sick pay			<input type="text" value="0"/>
9 Current quarter's adjustments for tips and group-term life insurance			<input type="text" value="0"/>
10 Total taxes after adjustments. Combine lines 6 through 9			<input type="text" value="0"/>
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter			<input type="text" value="0"/>
12 Balance due. If line 10 is more than line 11, enter the difference and see instructions			<input type="text" value="0"/>
13 Overpayment. If line 11 is more than line 10, enter the difference <input type="text"/>			

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17001Z Form 941 (Rev. 1-2015)

ORIGINAL COPY

Name (not your trade name)

KEIKO MARTINEZ

950214

Employer identification number (EIN)

47-4457673

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 Pub. 15 (Circular E), section 11.

- 14 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 10.

- You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

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

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

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

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

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

- Yes. Designee's name and phone number: JULIANA PEREZ 425-355-5156

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 19737

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

Keiko Martinez

Print your name here

KEIKO MARTINEZ

Print your title here

OWNER

Date

9/22/15

Best daytime phone

425-210-2237

Paid Preparer Use Only

Preparer's name

PANAMEX NOTARY PUBLIC

Check if you are self-employed

Preparer's signature

Juliana Perez

PTIN

P00663007

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

JULIANA PEREZ

Date

9/22/15

Address

205 E CASINO RD STE A5B

EIN

20-5708795

City

EVERETT

Phone

425-355-5156

State

WA

ZIP code

98208

Employment Security Department
WASHINGTON STATE

File UI Quarterly Report
PRODUCTION

Tax Summary 2nd Quarter of 2015

Business information

Business name: U-RELAX MOVING SERVICE
 Employment Security reference number: 101639-00-9
 Federal Identification number: 00-0000000
 Unified Business Identifier: 603-493-068-000
 Business classification: Taxable
 Mailing address: 2504 NE 145TH ST
 SHORELINE, WA 98155 - 7402

Preparer information

Preparer name: Juliana Perez
 Title: --No Title Provided--
 Phone number: (425) 355-5156
 E-mail: panamexjp@comcast.net

Exempt earnings

Number of exempt corporate officers	0
Total exempt corporate officer earnings	\$0.00
Sum of exercised stock options by all employees	\$0.00

Wages

Total gross wages	\$0.00
Excess wages	\$0.00
Taxable wages	\$0.00

Employee counts

April	0
May	0
June	0

UI tax and EAF due

UI tax due (rate 1.96%)	0.00
EAF due (rate 0.02%)	0.00
UI tax due	\$0.00

Penalties and interest

Late payment penalty	0.00	?
Late payment interest	0.00	?
Late report penalty	0.00	?
Prior balance	0.00	?
Prior credit	0.00	?

Total amount due	\$0.00
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Note: This report is for your records. DO NOT mail or fax paper copies of this report to the Employment Security Department

Tax and Wage Report Summary for 2nd Quarter of 2015**Report as Filed in EAMS**

7/31/2015 11:59:00 PM

Confirmation

EBWP-DF36-TP62-508Q

Business

Name

U-RELAX MOVING SERVICE

ES Reference

101639-00-9

Federal ID

00-0000000

UBI

603-493-068-000

Business Classification

Taxable

Address

2504 NE 145TH ST
SHORELINE, WA 98155 - 7402**Preparer Information**

Preparer

Juliana Perez

Title

--No Title Provided--

Phone

(425) 355-5156

Email

panamexjp@comcast.net

Exempt Earnings

Number of Exempt Corporate Officers

0

Sum of Exempt Corporate Officer Earnings

\$0.00

Sum of Total Exercised Stock Options

\$0.00

Wages

Total Gross Wages

\$0.00

Excess Wages

\$0.00

Taxable Wages

\$0.00

Employee Counts

April

0

May

0

June

0

UI Tax and EAF Due

UI Tax Due (Rate 1.96%)

\$0.00

EAF Due (Rate 0.02%)

\$0.00

Subtotal UI Tax Due

\$0.00

Penalties & Interest

Late Payment Penalty

\$0.00

Late Payment Interest

\$0.00

Late Report Penalty

\$0.00

Prior Balance

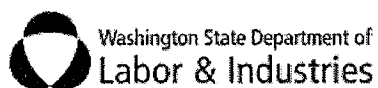
\$0.00

Prior Credit

\$0.00

Total Amount Due

\$0.00



Submit Date: 7/31/2015
Confirmation Number: 3809663

Quarterly Report

2nd Quarter: April 1, 2015 - June 30, 2015

Due Date: 7/31/2015

U RELAX MOVING SERVICE
2504 NE 145TH ST
SHORELINE, WA 98155-7402

WA UBI:
603 493 068
L&I Account ID:
525,628-00
Phone Number:
206-724-6608 Ext. 0

Account Manager: DAN STRATE 360-902-4635

Class	Nature of Work	Payroll	Hours	Rate	Amount
6907-01	Moving/Storage Hshld Furnishg	\$0.00	0	2.7059	\$0.00
Total of Premiums					\$0.00
Previous Balance					\$0.00
Grand Total					\$0.00

Preparer's Information

Preparer: Juliana Perez
DayTime Phone: 425-355-5156
Email: panamexjp@comcast.net

Payment Information

Method of Payment: No Payment Required