**Gregory KOPTA** 

Administrative Law Judge

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

WA State DOR Annual

WA State ESD 1<sup>st</sup> Quater 2016

WA state L&I 1st Quarter 2016

941 IRS 1st 2016

WA State DOR Annual 2015

WA State ESD 4<sup>th</sup> Quarter 2015

WA State L&I 4th Quarter 2015

940 IRS 2015

941 IRS 4th 2015

WA State ESD 3<sup>rd</sup> 2015

WA State L&I 3<sup>rd</sup> 2015

941 IRS 3rd 2015

941 IRS 2<sup>nd</sup> 2015

WA State ESD 2<sup>nd</sup> 2015

WA State L7I 2<sup>nd</sup> 2015

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

1300 S Evergreen Park Drive SW
PO Box 47250
Olympia WA 98504-7250
Phone: (360) 664-1222
FAX: 360-586-1181
TTY: (877) 210-5963
Website: www.utc.wa.gov
E-mail: records@utc.wa.gov

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

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

######

## 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 start.

TV-152202

February 17, 201

ω #=:

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION



By Addition

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

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, Keikois 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**



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. 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

Your nameYo	Your address	Your phone number		
Moved from Moved	d to	Bill of lading number Date you moved	oved	
ESTIMATES	Yes No	QUALITY OF SERVICE	Yes	S S
Was the estimate clear and understandable?		Did the moving crew arrive at your residence on time?	-	
Did the mover fully explain any areas you questioned?		Was the moving crew courteous and professional?		
Did the final cost exceed the estimated cost? If so, by how much?		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?		
INFORMATION TO SHIPPERS:		Were you satisfied with the manner in which your goods were handled?	20	- A
Did the mover give you written information about your		Did the movers have all necessary equipment (dollies, pads,	16	g* ./*.
rights and responsibilities as a moving customer prior to or at the beginning of your move?		packing materials, etc.) available to complete your move?	JUL *******	
Did the mover explain its limited liability for loss and damage?		Did the movers complete their duties in a reasonable time?	13	
Did the mover explain how you could obtain higher		Did the mover's truck(s) appear to be in good repair and suitable	AM	
liability limits by paying additional fees?		for transporting your household goods?		
LOSS AND DAMAGE		OVERALL COMMENTS	: 2	
Did the mover damage your goods or residence?		Were you satisfied with the overall service provided?		
If yes, were you given information on how to file a claim?		Would you use this company again on future moves?		
Were your questions on loss and damage answered fully?		Would you recommend this company to others?		
Did you file a claim for loss or damage?				
Was the claim resolved to your satisfaction?				
Please feel free to add comments regarding your m	love (you may	Please feel free to add comments regarding your move (you may attach additional sheets as necessary). Then fold this document along the	ong the	0
dotted lines shown on the back, seal with a piece of tape and mail to the address shown. Thank you!	f tape and mai	I to the address shown. Thank you!		

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

2016 JUL 13 AM 11:2

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

2016 JUL 13 AM II: 2

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	lnv.#
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

i		P.O. No.	Terms	Project
			Net 10	
Qty	Desc	ription	Rate	Amount
				i
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 F	£ 55.00
	<u> </u>	·····	Total	\$ 55.00

Pail in Full \$55 9 VISA
U Relax Moving Service Invoice 2016 04 27 Page 1 of 1

(Rev. January 2016) Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2016 Employer identification number (EIN) (Check one.) Name (not your trade name) | KEIKO MARTINEZ X 1: January, February, March 2: April, May, June U RELAX MOVING SERVICE Trade name (if any) 3: July, August, September 2504 NE 145TH ST Address 4: October, November, December Suite or room number Instructions and prior year forms are available at www.irs.gov/form941. SHORELINE WA 98155 City State ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 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 . . . 00 2 0 . 0 . 3 00 Federal income tax withheld from wages, tips, and other compensation . If no wages, tips, and other compensation are subject to social security or Medicare tax  $oldsymbol{ol}}}}}}}}}}}$ Column 1 Column 2 0 -00 5a Taxable social security wages .  $\times .124 =$ 0 -00 5b Taxable social security tips .  $\times$  .124 = Taxable Medicare wages & tips. 5c 00 00  $\times .029 =$ Taxable wages & tips subject to 5d Additional Medicare Tax withholding  $\times$  .009 =Add Column 2 from lines 5a, 5b, 5c, and 5d 0 . 00 5e Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 5f 5f 0 . 6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 00 Current quarter's adjustment for fractions of cents . 8 Current quarter's adjustment for sick pay . 9 Current quarter's adjustments for tips and group-term life insurance 0 . 10 Total taxes after adjustments. Combine lines 6 through 9 00 10 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 0 . 00 current quarter . 12 Balance due. If line 10 is more than line 11, enter the difference and see instructions 12 Check one: Apply to next return. 13 Overpayment. If line 11 is more than line 10, enter the difference Send a refund. Next **■** ▶ 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. Form 941 (Rev. 1-2016)

Cat. No. 17001Z

941 for 2016: Employer's QUARTERLY Federal Tax Return

950114

Name (not your trade name)	•	Employer ide	entification number (EIN)
KEIKO MARTINEZ  Part 2: Tell us about your deposit schedule and tax	· liability for this guarter		47-4457673
If you are unsure about whether you are a monthly sch	<u> </u>	kly schedule d	ennsitor see section 11
of Pub. 15.	edulo depositor or a comme	ing somedule a	repositor, see section 11
\$100,000 next-day deposit obligation du	uring the current quarter. If line 10 for a record of your federal tax liability. If	the prior quarter wa you are a monthly	ess than \$2,500, and you did not incur a as less than \$2,500 but line 10 on this return a schedule depositor, complete the deposit at 3.
You were a monthly schedule of liability for the quarter, then go to		er. Enter your ta	ax liability for each month and total
Tax liability: Month 1			
Month 2			
Month 3	•		
Total liability for quarter	To	tal must equal	line 10.
You were a semiweekly schedu Report of Tax Liability for Semiwe			
Part 3: Tell us about your business. If a question d	oes NOT apply to your busin	ess, leave it b	lank.
15 If your business has closed or you stopped paying	g wages		Check here, and
enter the final date you paid wages / /			
16 If you are a seasonal employer and you do not ha	ve to file a return for every qua	arter of the yea	r Check here.
Part 4: May we speak with your third-party designed	ee?		
Do you want to allow an employee, a paid tax prepar	er, or another person to discuss	this return with	h 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 Num	ber (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 retu and belief, it is true, correct, and complete. Declaration of prepare	rn, including accompanying schedul r (other than taxpayer) is based on a	es and statement	s, and to the best of my knowledge which preparer has any knowledge.
Sign your		Print your	EIKO MARTINEZ
name here	F	rint your	
	ti	itle here O	WNER
Date / /	E	Best daytime ph	one 425-210-2237
Paid Preparer Use Only		Check if you a	re self-employed
Preparer's name ALAN WHIPPLE		PTIN	P00915065
Preparer's signature		Date	412712016
Firm's name (or yours LIBERTY TAX SERVICE		EIN	27-0468827
Address 19610 44TH AVE W STE C		Phone	425-775-1099
City	State WA	ZIP code	98036



#### <u>DeluxeFile</u> > <u>Quarterly Report List</u> > 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** 

1 st 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

Toward	- The state of the
Tax and Wage Report Summ Report as Filed in EAMS	nary for 1 <sup>st</sup> Quarter of 2016
Confirmation	4/2//2016 2:22:45 PM
Business	E9F4-EXHP-RM40-71QG
Name	U-RELAX MOVING SERVICE
ES Reference	
Federal ID	101639-00-9
UBI	00-000000
Business Classification	603-493-068-000
Address	Taxable
	2504 NE 145TH ST
Preparer Information	SHORELINE, WA 98155 - 7402
Preparer	
Γitle	Keiko Martinez
Phone	No Title Provided-
Email	(425) 210-2237
xempt Earnings	keikom1108@gmail.com
lumber of Exempt Corporate Officers	4
'a''' O' LACIIDL COrporate Officer F	1
um of Total Exercised Stock Options  /ages	\$0.00 \$0.00
otal Gross Wages	\$0.00
xcess Wages	\$0.00
axable Wages	\$0.00
nployee Counts	\$0.00
anuary	Ψ0.00
ebruary	0
larch	0
Tax and EAF Due	0
Tax Due (Rate 1 60%)	
NF Due (Rate 0.02%)	\$0.00
ibtotal UI Tax Due	\$0.00
nalties & Interest	\$0.00
te Payment Penalty	
te Payment Interest	\$0.00
te Report Penalty	\$0.00
or Balance	\$0.00
or Credit	\$0.00
tal Amount Due	\$0.00
	\$0.00



#### Annual 2015 **Combined Excise Tax Return**

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

#### **Public Utilities Section**

<u>raxes</u>	40					
Line Code	Tax Classification	Gross Amount	Total Deductions	Taxable Amount	Rate	Tax Due
8000	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
		Commence of the Commence of th	The second secon			-
		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
	And the second s
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

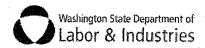
panamexjp@comcast.net

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

This is a copy for your records.

	40 for 2015: Employer's Annual Federal Unemployment (FUTA)  Department of the Treasury — Internal Revenue Service	I ax Iteluii	OMB No. 1545-0028
mploye		Type of Return	
ame (ne	ot your trade name) KEIKO MARTINEZ	a. Amended	
	U-RELAX MOVING SERVICE	<b>b.</b> Successor	emolover
rade na	and in any		ts to employees in
ddress	2504 NE 145TU STREET	2015 <b>d.</b> Final: Busin	ess closed or
	Number Street Suite or room number	່ stopped pa	ying wages
	SHORELINE WA 98155 In av	nstructions and povailable at www.	rior-year forms are irs.gov/form940.
	City State ZIP code	e de la companya de La companya de la co	
	Foreign country name Foreign province/county Foreign postal code		
d the	separate instructions before you complete this form. Please type or print within the boxes.  Tell us about your return. If any line does NOT apply, leave it blank. See instruction	s hefore com	nieting Part 1
b (f er	you had to pay state unemployment tax in one state only, enter the state abbreviation . you had to pay state unemployment tax in more than one state, you are a multi-state mployer	1b Comple	ete Schedule A (Form 940)
lf	you paid wages in a state that is subject to CREDIT REDUCTION		nere. ete Schedule A (Form 940)
rt 2:	Determine your FUTA tax before adjustments. If any line does NOT apply, leave it be	olank.	
To	otal payments to all employees	3	0 .
Pa	ayments exempt from FUTA tax		
τo	heck all that apply: 4a  Fringe benefits	Other	
Sı	ubtotal (line 4 + line 5 = line 6)	6	0 .
Тс	otal taxable FUTA wages (line 3 – line 6 = line 7) (see instructions)	7,	0 .
3.85%	교육 현대 전환 문 경험 문 전략 전략 하는 사람들은 그는 사람들이 가는 사람들이 있는 사람들이 되었다. 그는 사람들이 가지 않는 것이 되었다.	· · · · · · · · · · · · · · · · · · ·	
FL	JTA tax before adjustments (line 7 x .006 = line 8)	8	0 .
t 3:	Determine your adjustments. If any line does NOT apply, leave it blank.	· * !	
rt 3:	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax,		0 .
tt 3: If mi	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12  SOME of the taxable FUTA wages you paid were excluded from state unemployment tax,	9	
ft 3: If mi If OI	Determine your adjustments. If any line does NOT apply, leave it blank. ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line $7 \times .054$ = line 9). Go to line 12	9	0 .
t 3: If mi If. OI co	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12	9	0.0000000000000000000000000000000000000
it 3: If mi If s OI co	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12  SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, R you paid ANY state unemployment tax late (after the due date for filing Form 940), implete the worksheet in the instructions. Enter the amount from line 7 of the worksheet.	9 10 11	0 0 0
it 3: If If . OI co If . t 4:	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12	9 10 11	0 0 0
rt 3: If If OI co If (	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12  SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, is you paid ANY state unemployment tax late (after the due date for filing Form 940), implete the worksheet in the instructions. Enter the amount from line 7 of the worksheet .  Credit reduction applies, enter the total from Schedule A (Form 940)  Determine your FUTA tax and balance due or overpayment. If any line does NOT applies that I is a state of the state of	9 10 11 pply, leave it b	0 0 0 1ank.
t 3: If multiple of the control of	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12  SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, R you paid ANY state unemployment tax late (after the due date for filing Form 940), amplete the worksheet in the instructions. Enter the amount from line 7 of the worksheet  credit reduction applies, enter the total from Schedule A (Form 940)  Determine your FUTA tax and balance due or overpayment. If any line does NOT applied FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)  UTA tax deposited for the year, including any overpayment applied from a prior year	9 10 11 pply, leave it b	0 0 0 1ank.
rt 3: If If If OI CO If To FU Ba	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12  SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, if you paid ANY state unemployment tax late (after the due date for filing Form 940), implete the worksheet in the instructions. Enter the amount from line 7 of the worksheet  credit reduction applies, enter the total from Schedule A (Form 940)  Determine your FUTA tax and balance due or overpayment. If any line does NOT applied FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)  JTA tax deposited for the year, including any overpayment applied from a prior year allance 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.	9 10 11 pply, leave it b	0  0  0  0
rt 3:   If mm   If s OP co	Determine your adjustments. If any line does NOT apply, leave it blank.  ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, ultiply line 7 by .054 (line 7 × .054 = line 9). Go to line 12  SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, if you paid ANY state unemployment tax late (after the due date for filling Form 940), implete the worksheet in the instructions. Enter the amount from line 7 of the worksheet.  Credit reduction applies, enter the total from Schedule A (Form 940)  Determine your FUTA tax and balance due or overpayment. If any line does NOT applied FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)  UTA tax deposited for the year, including any overpayment applied from a prior year callance due (If line 12 is more than line 13, enter the excess on line 14.)	9 10 11 pply, leave it b	0 0 0 1ank.

	<u> </u>	*		tion number (EIN)
me (not your trade name) IKO MARTINEZ				17-4457673
rt 5: Report your FU	A tax liability by quarter only if line 1	2 is more than \$50	00. If not, go to Part	6.
The state of the s	our FUTA tax liability for each quarter		A contract of the contract of	
16a 1st quarter (Janua	iry 1 – March 31)	16a		
16b 2nd quarter (April	1 – June 30)	. 16b		
16c 3rd quarter (July	– September 30)	. 16c	1	
16d 4th quarter (Octo	per 1 – December 31)	16d	•	
Total tax liability for th	e year (lines 16a + 16b + 16c + 16d = line	e 17) <b>17</b>		Total must equal line
rt 6: May we speak v	vith your third-party designee?		<del> </del>	
Do you want to allow a for details.	in employee, a paid tax preparer, or and	other person to disc	cuss this return with t	ine IRS? See the instruction
Yes. Designee'	s name and phone number			
		si) to use when talking	n to IBS	
Select a 5	digit Personal Identification Number (PIN	v) to use when takin		
└ No.	꽃병물을 하는 이 옷이로 모르게 맞았다.			그 얼마님 그는 그 없을 때 목욕심다면
Under penalties of perj	MUST complete both pages of this four, I declare that I have examined this reand belief, it is true, correct, and complet	turn, including accor	mpanying schedules a	nd statements, and to the o a state unemployment
Under penalties of perjoest of my knowledge fund claimed as a cred taxpayer) is based on a	MUST complete both pages of this four, I declare that I have examined this reand belief, it is true, correct, and complet it was, or is to be, deducted from the pay ill information of which preparer has any belief.	sturn, including accor te, and that no part o ments made to emp knowledge.  Print your	mpanying schedules a f any payment made t loyees. Declaration of KEIKO MARTINE	preparer (other than
Under penalties of perjoest of my knowledge	ury, I declare that I have examined this re and belief, it is true, correct, and complet it was or is to be deducted from the pay	sturn, including accor ie, and that no part o yments made to emp knowledge.  Print your name here Print your	loyees. Declaration of	preparer (other than
Under penalties of perpless of my knowledge fund claimed as a cred taxpayer) is based on a	ury, I declare that I have examined this re and belief, it is true, correct, and complet it was or is to be deducted from the pay	sturn, including accor te, and that no part o ments made to emp knowledge.  Print your name here Print your title here	KEIKO MARTINE	preparer (other than
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Under penalties of perjoest of my knowledge fund claimed as a cred taxpayer) is based on a Sign your name here	ury, I declare that I have examined this reand belief, it is true, correct, and complet it was, or is to be, deducted from the pay all information of which preparer has any beautiful to the control of	sturn, including accor te, and that no part o ments made to emp knowledge.  Print your name here Print your title here	KEIKO MARTINE OWNER e phone	preparer (other than
Under penalties of perjoest of my knowledge fund claimed as a cred taxpayer) is based on a Sign your name here  Date  Paid Preparer Use	ury, I declare that I have examined this reand belief, it is true, correct, and complet it was, or is to be, deducted from the pay all information of which preparer has any beautiful to the control of	sturn, including accor te, and that no part o ments made to emp knowledge.  Print your name here Print your title here	KEIKO MARTINE OWNER e phone	preparer (other than  3Z  425-210-2237
Under penalties of perjoest of my knowledge fund claimed as a cred taxpayer) is based on a Sign your name here	ury, I declare that I have examined this reand belief, it is true, correct, and complet it was, or is to be, deducted from the pay all information of which preparer has any I	sturn, including accor ie, and that no part of ments made to emp knowledge.  Print your name here Print your title here  Best daytim	KEIKO MARTINE OWNER e phone Check if you	preparer (other than  2Z  425-210-2237  are self-employed
Under penalties of perious tof my knowledge fund claimed as a cred taxpayer) is based on a Sign your name here  Paid Preparer Us  Preparer's name  Preparer's signature  Firm's name (or yours	ury, I declare that I have examined this reand belief, it is true, correct, and complet it was, or is to be, deducted from the pay II information of which preparer has any II information of which preparer has a supplication o	sturn, including accor ie, and that no part o ments made to emp knowledge.  Print your name here Print your title here  Best daytim	Check if you	preparer (other than  3Z  425-210-2237  are self-employed  P00663007
Under penalties of periods to finy knowledge fund claimed as a cred taxpayer) is based on a Sign your name here  Paid Preparer Use  Preparer's name  Preparer's signature  Firm's name (or yours if self-employed)	ury, I declare that I have examined this reand belief, it is true, correct, and complet it was, or is to be, deducted from the pay III information of which preparer has any it is a constant.	sturn, including accor ie, and that no part of ments made to emp knowledge.  Print your name here Print your title here  Best daytim	OWNER  Check if you  PTIN  Date	preparer (other than  EZ  425-210-2237  are self-employed  P00663007
Under penalties of periphest of my knowledge fund claimed as a cred taxpayer) is based on a Sign your name here  Paid Preparer Us  Preparer's name  Preparer's signature  Firm's name (or yours	ury, I declare that I have examined this reand belief, it is true, correct, and complet it was, or is to be, deducted from the pay ill information of which preparer has any bee Only  JULIANA PEREZ  PANAMEX NOTARY RUBLIC	eturn, including accor le, and that no part of ments made to empth knowledge.  Print your name here Print your title here  Best daytim	OWNER e phone  Check if you  PTIN  Date  EIN	preparer (other than  3Z  425-210-2237  are self-employed  P00663007  / / / / / / / / / / / / / / / / / / /



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
	Tota	l of Premiums			\$0.00
		evious 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 4<sup>th</sup> Quarter of 2015 **Business** information

Business name: U-RELAX MOVING SERVICE

Employment Security reference 101639-00-9

number:

Federal Identification number: 00-000000

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: panamexip@comcast.net

**Exempt earnings** 

•		3
Number of exempt corporate officers		0
Total exempt corporate officer earnings	\$0.0	0(
Sum of exercised stock options by all		
employees	\$0.0	)0
Wages		
Total gross wages	\$0.0	il
Excess wages	\$0.0	- 1
Taxable wages	\$0.0	0 (
Employee counts		
October		0
November		0
December		0
UI tax and EAF due		
UI tax due (rate 1.96%)	0.0	3
EAF due (rate 0.02%)	0.0	9
UI tax due	\$0.	00
Penalties and interest		
Late payment penalty	0.00	. 3
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 Summa Report as Filed in EAMS	ary for 4 <sup>th</sup> Quarter of 2015
Confirmation	1/6/2016 1:09:02 PM
Business	EQV4-EVJ4-855G-F9H9
Name	U-RELAX MOVING SERVICE
ES Reference	101639-00-9
Federal ID	_
UBI	00-0000000
Business Classification	603-493-068-000
Address	Taxable
	2504 NE 145TH ST
Preparer Information	SHORELINE, WA 98155 - 7402
Preparer	Juliana Perez
Title	No Title Provided-
Phone	(425) 355-5156
Email	panamexjp@comcast.net
Exempt Earnings	panamex)p@comcast.net
Number of Exempt Corporate Officers	0
Sum of Exempt Corporate Officer Earnings	\$0.00
Sum of Total Exercised Stock Options	\$0.00
Wages	¥ 3.63
Total Gross Wages	\$0.00
Excess Wages	\$0.00
Taxable Wages	\$0.00
Employee Counts	T 5100
October	0
November	0
December <b>UI Tax and EAF Due</b>	0
UI Tax Due (Rate 1.96%)	
EAF Due (Rate 0.02%)	\$0.00
Subtotal UI Tax Due	\$0.00
Penalties & Interest	\$0.00
Late Payment Penalty	
	\$0.00
_ate Payment Interest	\$0.00
Late Report Penalty	\$0.00
Prior Balance	\$0.00
Prior Credit	\$0.00
Total Amount Due	\$0.00

941 for 2015: Employer's Q	UARTERLY Federal Tax R	eturn	<b>95011</b> 4 OMB No. 1545-0029
Rev. January 2015)  Department of the Treasur  Employer identification number (EIN)  4  7  4	4 5 7 6 7 3	Report for t	his Quarter of 2015
Name (not your trade name) KEIKO MARTINEZ			February, March
II DELAY MOVING SERVICE		🔲 2: April, Ma	y, June
	,		just, September
Address 2504 NE 145TH STREET  Number Street	Suite or room number		November, December d prior year forms are
SHORELINE	WA 98155	available at ww	w.irs.gov/form941.
City	State ZIP code		
Foreign country name Forei	ign province/county Foreign postal code		
Read the separate instructions before you complete For	rm 941. Type or print within the boxes.		
Part 1: Answer these questions for this quarte			
1 Number of employees who received wages, ti including: Mar. 12 (Quarter 1), June 12 (Quarter	ps, or other compensation for the pay p 2), Sept. 12 (Quarter 3), or Dec. 12 (Quar	ter 4)1	0
2 Wages, tips, and other compensation		2	0 .
			0 .
3 Federal income tax withheld from wages, tip	s, and other compensation	3.[	
4 If no wages, tips, and other compensation ar	e subject to social security or Medicare	tax Che	ck and go to line 6.
	Column 1 Colum	nn 2	
5a Taxable social security wages	• ×.124 =		
5b Taxable social security tips	x 124 =		
5c Taxable Medicare wages & tips:  5d Taxable wages & tips subject to	■ x 029 ==		
5d Taxable wages & ups subject to Additional Medicare Tax withholding	× 009 =		
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		. 5e	0 .
5f Section 3121(q) Notice and Demand—Tax du	e on unreported tips (see instructions)		0
		6	O .
6 Total taxes before adjustments. Add lines 3, 5			
7 Current quarter's adjustment for fractions of	cents	7	0.
8 Current quarter's adjustment for sick pay		8	0
9 Current quarter's adjustments for tips and gro	oup-term life insurance	. 9	0 .
10 Total taxes after adjustments. Combine lines (		10	0 -
11 Total deposits for this quarter, including ov- overpayments applied from Form 941-X, 941-	-X (PR), 944-X, 944-X (PR), or 944-X (SP	r and ) filed	0 .
in the current quarter			
12 Balance due, If line 10 is more than line 11, ent	er the difference and see instructions .	12	0 🗖

➤ 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.

Overpayment. If line 11 is more than line 10, enter the difference

Cat. No. 17001Z

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

Form **941** (Rev. 1-2015)



lame (not your trade name)					950
KEIKO MARTINEZ	-	Em	oloyer identifi	cation number (EIN) 47-4457673	
Part 2: Tell us about your deposit schedule and tax liab					<del></del> ,,
If you are unsure about whether you are a monthly schedu			chedule de	positor, see Pub.	15
(Circular E), Section 11.					
14 Check one: X Line 10 on this return is less than \$2,500 or \$100,000 next-day deposit obligation during the \$100,000 or more that provides	line 10 on the return	for the prior quar	er was less i	han \$2,500, and you di	d net i
is \$100,000 or more, you must provide a reco schedule below; if you are a semiweekly schedul	ILD OF AUTH TEGERAL TAX	Hability It Wall are	monthly coh	s than \$2,500 but line 10 edule depositor, comple	on this te the c
You were a monthly schedule depoi				ibility for each mon	h and
liability for the quarter, then go to Part	<b>3.</b>				urano
Tax liability: Month 1	And the same of th				
Month 2					
Month 3	• Parker paralle (Sal Tajpane) parker paralle				
Total liability for quarter		Total mus	equal line	10.	
You were a semiweekly schedule de	positor for any p	art of this quar	er Comple	te Schedule B (For	n 941
Report of Tax Liability for Semiweekly S	Schedule Deposito	rs, and attach it	to Form 94		
art 3: Tell us about your business. If a question does N	NOT apply to you	r business, lea	ve it blank	estata antenda parte del la proper del la pr	angage.
15. If your business has closed or you stopped paying wag	194- Philipper Carry Service and Additional Audion.				
				Check her	e, and
enter the final date you paid wages / /	Jr. Hiller				
		and the first of the second of	the first and the same and the same	The second secon	
16 If you are a seasonal employer and you do not have to	file a return for ev	ery quarter of t	he year .	· Check her	e.
art 4: May we speak with your third-party designee?	file a return for ev	ery quarter of	he year .	Check her	<b>e.</b>
art 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or		and the second s	ent to digital sound place and	erdelie isterio esta de planesta esta suces.	
art 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.	another person to	and the second s	ent to digital sound place and	IRS? See the instruc	tions
art 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.		and the second s	ent to digital sound place and	erdelie isterio esta de planesta esta suces.	tions
art 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.	another person to NA PEREZ	discuss this reti	ent to digital sound place and	IRS? See the instruc	tions
May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.  X Yes. Designee's name and phone number.  JULIA	another person to NA PEREZ	discuss this reti	ent to digital sound place and	IRS? See the instruc 425-355-515	tions
And 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (P	another person to NA PEREZ IN) to use when ta	discuss this retu	ent to digital sound place and	IRS? See the instruc 425-355-515	tions
Art 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (P  No.  Sign here. You MUST complete both pages of Fo	another person to  NA PEREZ  IN) to use when tal  rm 941 and SIGN	discuss this retu	urn with the	1RS? See the instruc 425-355-515	tions
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And the second s	another person to  NA PEREZ  IN) to use when tal  rm 941 and SIGN	discuss this return the IRS.  I it. schedules and stated on all information.	tements and	IRS? See the instruc  425-355-515  7 3 7  to the best of my know	tions
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And 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (P  No.  No.  Sign here. You MUST complete both pages of Foundaries of perjury. I declare that I have examined this return, included belief, it is true correct, and complete. Declaration of preparer tother.  Sign your	another person to  NA PEREZ  IN) to use when tal  rm 941 and SIGN	discuss this return the IRS.  I it. schedules and stated on all information and here	tements and	IRS? See the instruc  425-355-515  7 3 7  to the best of my knowledger has any knowledger.	tions 6 Viedge edge.
Art 5: Sign here. You MUST complete both pages of Founder penalties of penjury. I declare that I have examined this return, inclind belief, it is true, correct, and complete. Declaration of preparer to there.	another person to  NA PEREZ  IN) to use when tal  rm 941 and SIGN	king to the IRS.  I it. schedules and stated on all information print your name here title here.	tements, and on of which F	IRS? See the instruc  425-355-515  7 3 7  to the best of my knowledge of the control of the cont	tions 6
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Ant 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (P. No.  Art 5: Sign here. You MUST complete both pages of Founder penalties of perjury. I declare that I have examined this return, included belief, it is true, correct, and complete. Declaration of preparer tother name, here	another person to  NA PEREZ  IN) to use when tal  rm 941 and SIGN	king to the IRS.  I it. schedules and stated on all information of the Print your name here. Print your title here.  Best dayti	tements, and on of which F	IRS? See the instruction 425-355-515  7 3 7  to the best of my know reparer has any know!  MARTINEZ  R  425-210-2237	tions 6
And 4: May we speak with your third-party designee?  Do you want to allow an employee, a paid tax preparer, or for details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (P No.  Sign here. You MUST complete both pages of Foundary penalties of perjury. I declare that I have examined this return included belief, it is true, correct, and complete. Declaration of preparer tother name, here.  Date  Date	another person to  NA PEREZ  IN) to use when tal  rm 941 and SIGN	king to the IRS.  I it. schedules and stated on all information of the IRS. Print your name here Print your title here.  Best dayting Check if	tements, and on of which particles of the phone.	IRS? See the instruction 425-355-515  7 3 7  to the best of my known reparer has any known MARTINEZ  R  425-210-2237	tions 6
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And the second state of periors o	Another person to  NA PEREZ  IN) to use when tal  orm 941 and SIGN  iding accompanying than taxpayer) is bas	king to the IRS.  I it. schedules and stated on all information of the Print your name here. Print your title here.  Best dayti	tements, and on of which particles of the phone.	IRS? See the instruction 425-355-515  7 3 7  to the best of my known reparer has any known MARTINEZ  R  425-210-2237	tions 6
And the second s	Another person to  NA PEREZ  IN) to use when tal  orm 941 and SIGN  iding accompanying than taxpayer) is bas	king to the IRS.  I it. schedules and stated on all information of the period of the p	tements, and on of which particles of the phone.	IRS? See the instruc  425-355-515  7 3 7  to the best of my know reparer has any knowl  MARTINEZ  R  425-210-2237  remployed  P00663007	tions 6
And the state of t	Another person to  NA PEREZ  IN) to use when tal  orm 941 and SIGN  iding accompanying than taxpayer) is bas	king to the IRS.  I it.  schedules and stated on all information and here title here  Best dayting  Check if.	tements, and on of which particles of the phone.	IRS? See the instruction 425-355-515  7 3 7  to the best of my knowledge are has any knowledge are has a supplied are has a suppliedge are had	dions.
And the state of perjury. I declare that I have examined this return, included belief, it is true. Correct; and complete. Declaration of preparer tother name here.    Date	another person to NA PEREZ  IN) to use when tal rm 941 and SIGN iding accompanying than taxpayer) is bas	king to the IRS.  I it. schedules and stated on all information of the period of the p	tements, and on of which property of the phone.	IRS? See the instruction 425-355-515  7 3 7  to the best of my knowledge are has any knowledge are has a supplied are has a suppliedge are has a	dions.
And the state of t	another person to  NA PEREZ  IN) to use when tal  Irm 941 and SIGN  Iding accompanying than taxpayer) is bas	discuss this return the leading of the IRS.  I it. schedules and stated on all information and	tements and on of which compare phone [	IRS? See the instruct  425-355-515  7 3 7  to the best of my knowledge are has any knowledge are has a supplied are has a suppliedge are had a	tions 6



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
	Tota	l of Premiums			\$0.00
	Pre	evious 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 3<sup>rd</sup> Quarter of 2015 Business information

Business name: U-RELAX MOVING SERVICE

Employment Security reference 101639-00-9

number:

Federal Identification number: 00-000000

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		\$0.00
employees	ř	\$0.00
Wages		\$0.00
Total gross wages		
Excess wages		\$0.00
Taxable wages		\$0.00
Employee counts		o
July		0
August		0
September		U
UI tax and EAF due		0.00
UI tax due (rate 1.96%)		0.00
EAF due (rate 0.02%)		ä
UI tax due		\$0.00
Penalties and interest		
Late payment penalty	0.00	?
Late payment interest	0.00	?
Late report penalty	0.00	. 3
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

Tay and Wago Donard Commence	s ard o to specific
Tax and Wage Report Summary Aeport as Filed in EAMS	
Confirmation	10/22/2015 11:14:36 AM
Business	ESX6-DD0L-9M5G-6GQ1
Name	LI DELAY MOVING CEDVICE
	U-RELAX MOVING SERVICE
ES Reference	101639-00-9
Federal ID	00-000000
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	+0.00
Total Gross Wages	\$0.00
Excess Wages	\$0.00
Taxable Wages  Employee Counts	\$0.00
July	0
August	.0 0
September	0
UI Tax and EAF Due	O
UI Tax Due (Rate 1.96%)	\$0.00
EAF Due (Rate 0.02%)	\$0.00
Subtotal UI Tax Due	\$0.00
Penalties & Interest	T - 12 - 2
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

950114

Form **941 for 2015:** Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Department of the Treasury - Internal Revenue Service Report for this Quarter of 2015 Employer identification number (EIN) (Check one.) Name (not your trade name) KEIKO MARTINEZ 1: January, February, March 2: April, May, June U-RELAX MOVING SERVICE Trade name (if any) X 3: July, August, September 2504 NE 145TH STREET 4: October, November, December Address Suite or room number Number Instructions and prior year forms are available at www.irs.gov/form941. WA 98155 SHORELINE ZIP code State City Foreign postal code Foreign country name Foreign province/county Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Number of employees who received wages, tips; or other compensation for the pay period 0 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) Wages, tips, and other compensation ..... 0 . Federal income tax withheld from wages, tips, and other compensation Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 2 Column 1 × .124 = Taxable social security wages × .124 = Taxable social security tips . 5b × .029 = Taxable Medicare wages & tips Taxable wages & tips subject to  $\times .009 =$ Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 0. Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 0 . Total taxes before adjustments. Add lines 3, 5e, and 5f 0 . Current quarter's adjustment for fractions of cents 0. R Current quarter's adjustment for sick pay ... 8 Current quarter's adjustments for tips and group-term life insurance 9 0 \_ 10 Total taxes after adjustments. Combine lines 6 through 9 10 Total deposits for this quarter, including overpayment applied from a prior quarter and 11 overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter ... 0 . 12 Balance due. If line 10 is more than line 11, enter the difference and see instructions 12 Check one: Apply to next return. Overpayment. If line 11 is more than line 10, enter the difference \_\_ Send a refund. 13 Next ■ ➤ 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. Form 941 (Rev. 1-2015)

KEIKO MARTINEZ	Employer identification number (EIN)
Part 2: Tell us about your deposit schedule and tax liability for this qua	47-4457673
If you are unsure about whether you are a monthly schedule depositor or a (Circular E), section 11.	a semiweekly schoolule
\$100,000 next-day do utall \$2,500 or line 10 on the return	for the prior quarter was less than \$2,500 and you did
schedule below; if you are a semiweekly schedule deposite.	liability. If you are a monthly schedule denositor complete to
You were a monthly schedule depositor for the entire liability for the quarter, then go to Part 3.	legule B (Form 941). Go to Part 3.
	Line: your tax liability for each month and
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 pa Report of Tax Liability for Semiweekly Schedule Depositors	
about your business. If a question does NOT apply to your	business, leave it blank.
enter the final date you paid wages / /	
16. If you are a seasonal employer and you do not have to file a return for ever	
The same strict your tilled-barn, doologe - 0	
Do you want to allow an employee; a paid tax preparer; or another person to di	SOLIO 14
X Yes, Designed's process	uns return with the IRS? See the instructions
X Yes: Designee's name and phone number JULIANA PEREZ	
	425-355-5156
Select a 5-digit Personal Identification Number (PIN) to use when talkin	425-355-5156
Select a 5-digit Personal Identification Number (PIN) to use when talkin	og to the IRS. 1 9 7 3 7
ort 5: Sign here. You MUST complete both	ng to the IRS. 1 9 7 3 7
ort 5: Sign here. You MUST complete both pages of Form 941 and SIGN it	29 to the IRS. 1 9 7 3 7
ort 5: Sign here. You MUST complete both pages of Form 941 and SIGN it inder penalties of perjury, I declare that I have examined this return. Including accompanying schild belief, it is true, correct, and complete. Declaration of preparer fother than taxpayer) is based	29 to the IRS. 1 9 7 3 7
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Sign here. You MUST complete both pages of Form 941 and SIGN it inder penalties of perjury, if declare that it have examined this return, including accompanying schild belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based.  Sign your name here  Date (O) / 15	edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your name here KEIKO MARTINEZ  Print your title here OWNER
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Sign here. You MUST complete both pages of Form 941 and SIGN it inder penalties of perjury, il declare that il have examined this return, including accompanying school belief, it is true, correct, and complete. Declaration of preparer fother than taxpayer) is based.  Sign your name here  Date (O) / IS  Paid Preparer Use Only  parer's name PANAMEX NOTARY PUBLIC  parer's signature  I's name (or yours I/ULIANA PEREX  If-employed) JULIANA PEREX  EVERETT	pg to the IRS. 1 9 7 3 7  Redules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your name here KEIKO MARTINEZ  Print your title here OWNER  Best daytime phone 425-210-2237  Check if you are self-employed  PTIN P00663007  PTIN P00663007  EIN 20-5708795  Phone 425-355-5156
Sign here. You MUST complete both pages of Form 941 and SIGN it inder penalties of perjury, it declare that it have examined this return, including accompanying school belief, it is true, correct, and complete. Declaration of preparer fother than taxpayer) is based.  Sign your name here  Date (O) / IS  Paid Preparer Use Only  parer's name.  PANAMEX NOTARY PUBLIC  parer's signature  Is name (or yours If-employed)  JULIANA PEREX.	ng to the IRS. 1 9 7 3 7  edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.  Print your name here KEIKO MARTINEZ  Print your title here OWNER  Best daytime phone 425-210-2237  Check if you are self-employed  PTIN P00663007  Date O/ / / S  EIN 20-5708795

950114 Form 941 for 2015: Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Department of the Treasury - Internal Revenue Service Report for this Quarter of 2015 3 Employer identification number (EIN) (Check one.) Name (not your trade name) KEIKO MARTINEZ 1: January, February, March X 2: April, May, June U-RELAX MOVING SERVICE Trade name (if any) 3: July, August, September 2504 NE 145TH STREET 4: October, November, December Address Sulte or room number Number Instructions and prior year forms are available at www.irs.gov/form941. 98155 WA SHORELINE ZIP code City Foreign province/county Foreign postal code Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. 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) 0. 2 Wages, tips, and other compensation 2 Federal income tax withheld from wages, tips, and other compensation 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  $\times .124 =$ Taxable social security wages ... 5a  $\times .124 =$ Taxable social security tips . 5b  $\times .029 =$ 5c Taxable Medicare wages & tips. Taxable wages & tips subject to × .009 = Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and 5d 5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 0 . Total taxes before adjustments. Add lines 3: 5e, and 5f ... 0 . Current quarter's adjustment for fractions of cents Current quarter's adjustment for sick pay ... 0 . Current quarter's adjustments for tips and group-term life insurance. Total taxes after adjustments. Combine lines 6 through 9 10 Total deposits for this quarter, including overpayment applied from a prior quarter and 11 overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter Balance due. If line 10 is more than line 11, enter the difference and see instructions 12

➤ 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.

Overpayment. If line 11 is more than line 10, enter the difference

Next ■▶ . No. 17001Z \$\times \text{Perm\**Q41** (Rev. 1-2015)

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



KEIKO MARTINEZ	Employer identification number (EIN)
Part 2: Tell us about your deposit schedule and tax liability for this of	47-4457673
If you are unsure about whether you are a monthly schedule depositor (Circular E), section 11.	Or a semiweekly solous
14 Check one: X Line 10 on this return is less than \$2,500 or line 10 on the re	sturn for the prior quarte
schedule below: If you are a semiweekly schedule depositor attach	eturn for the prior quarter was less than \$2,500, and you did not by If line 10 for the prior quarter was less than \$2,500 but line 10 on the tax liability. If you are a monthly schedule depositor, complete the in Schedule B (Form 941). Go to Part 3.  Intire quarter. Enter your tax liability for each month and
Tax liability, Month 1	
Month 2	
Month3	
Total liability for quarter	
You were a semiweekly colouted	Total must equal line 10.
	part of this quarter, Complete Schedule B (Form 941) iltors, and attach it to Form 941.
Part 3: Tell us about your business. If a question does NOT apply to you	Our 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
Anna Cara Cara Cara Cara Cara Cara Cara C	
15 If you are a seasonal employer and you do not have to file	
	every quarter of the
y " open, will your tillfd-party designed?	
will your third-party designed	
Po you want to allow an employee, a paid tax preparer, or another person to details.	
Do you want to allow an employee, a paid tax preparer, or another person to details.	to discuss this return with the IRS? See the instructions
Do you want to allow an employee, a paid tax preparer, or another person to details.  X Yes. Designee's name and phone number.  JULIANA PEREZ	to discuss this return with the IRS? See the instructions  425-355-5156
Do you want to allow an employee, a paid tax preparer, or another person to details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (PIN) to use when to	to discuss this return with the IRS? See the instructions  425-355-5156
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Do: you want to allow an employee, a paid tax preparer, or another person to details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (PIN) to use when to No.  Sign here. You MUST complete both pages of Form 941 and SIGn nder penalties of perjury. I declare that I have examined this return, including accompanying the belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on the page.  Sign your name here.  Date 90015	to discuss this return with the IRS? See the instructions  425-355-5156  talking to the IRS. 1 9 7 3 7  SN it.  g schedules and statements, and to the best of my knowledge ased on all information of which preparer has any knowledge.  Print your name here KEIKO MARTINEZ  Print your title here OWNER  Best daytime phone 425-210-2237  Check if you are self-employed
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Do you want to allow an employee, a paid tax preparer, or another person to for details.  X Yes. Designee's name and phone number.  Select a 5-digit Personal Identification Number (PIN) to use when to No.  art 5: Sign here. You MUST complete both pages of Form 941 and SIG Inder penalties of perjury. I declare that I have examined this return including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on the page of Paname here  Paid Preparer Use Only.  Paid Preparer Use Only.  Parameters signature  In s name (or yours JULIANA PEREZ)  JULIANA PEREZ	to discuss this return with the IRS? See the instructions  425-355-5156  talking to the IRS. 1 9 7 3 7  SN it.  9 schedules and statements, and to the best of my knowledge assed on all information of which preparer has any knowledge.  Print your name here KEIKO MARTINEZ  Print your title here OWNER  Best daytime phone 425-210-2237  Check if you are self-employed  PTIN P00663007
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#### **Employment Security Department** WASHINGTON STATE

File UI Quarterly Report **PRODUCTION** 

#### Tax Summary 2<sup>nd</sup> Quarter of 2015 **Business information**

Business name: U-RELAX MOVING SERVICE

Employment Security reference 101639-00-9

number:

Federal Identification number: 00-000000

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

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 2 <sup>nd</sup> 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	00-000000			
UBI	603-493-068-000			
Business Classification	Taxable			
Address	2504 NE 145TH ST			
	SHORELINE, WA 98155 - 7402			
Preparer Information	<i>,</i>			
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 UI Tax and EAF Due	0			
UI Tax Due (Rate 1.96%)	\$0.00			
EAF Due (Rate 1.96%)	\$0.00			
Subtotal UI Tax Due	\$0.00			
Penalties & Interest	ψ0.00			
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 Furnishgs	\$0.00	0	2.7059	\$0.00
	Tot	al of Premiums			\$0.00
	Pr	evious 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