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S.C. SUPREME COURT

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE PANEL

Avery B. Wilkerson, Jr., Commissioner
R. Michael Campbell, II, Commissioner
T. Scott Beck, Commissioner

Appellate Case No.: 2018-000652
W.C.C. File No.: 1600686

Francisco Cedano Ramirez, Employee, Respondent,

v.

May River Roofing, Inc. Employer, and American Zurich Insurance Co., Carrier, and Cedano Roofing, Employer, and Travelers Property & Casualty Co., Carrier,

Of which May River Roofing, Inc. and American Zurich Insurance Co. are Petitioners.

APPENDIX
Vol II

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TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (B)

POLICY NUMBER: (7PJUB-2E24569-A-14)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

a. If the LSRP standard premium decreases during the first 120 days, and falls below the LSRP eligibility threshold, your policy will be converted to a guaranteed cost policy, retroactive to policy inception, and your LSRP contingency deposit will be returned.

b. If the LSRP standard premium increases during the first 120 days, and meets the LSRP eligibility threshold, LSRP will be applied retroactively to policy inception and the 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.

c. If the LSRP standard premium decreases after the first 120 days and falls below the LSRP eligibility threshold, the LSRP continues to be applied to your policy(ies).

d. If the LSRP standard premium increases after the first 120 days, and meets the LSRP eligibility threshold, your policy(ies) will remain a guaranteed cost policy(ies) and the LSRP is applied at renewal, subject to meeting the eligibility requirements on the renewal policy(ies).

2. For all PEO and temporary arrangement WCIP policies, if the LSRP standard premium meets or exceeds the eligibility threshold at any time, LSRP is applied retroactively to policy inception. The 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.

E. Evasion of LSRP

1. If you take actions for the purpose of avoiding the application of LSRP, or for otherwise legitimate business reasons that nonetheless result in the improper calculation and/or application of LSRP, regardless of intent, any action that results in the miscalculation and/or misapplication of LSRP determined in accordance with the LSRP rules is prohibited. These actions include, but are not limited to:

- Misrepresentation and/or miscalculation of payroll at application, audit, or renewal
- Failure to report changes in ownership or ownership information according to the WCIP and NCCI's *Experience Rating Plan Manual*
- Violation of any of the terms and conditions under the policy for which this insurance was issued
- Failure to allow us and/or the Plan Administrator and/or rating organization reasonable access to your facilities or files and records for audit or inspection
- Failure to disclose to us and/or the Plan Administrator and/or rating organization the full nature and scope of your exposure or business operations

2. In such circumstances, we and/or the Plan Administrator and/or rating organization may obtain any information that indicates evasion or improper calculation or application of LSRP due to actions including, but not limited to, those listed above. We and/or the Plan Administrator and/or rating organization will act to ensure the proper calculation and application of LSRP to inception of all current and preceding WCIP policies impacted by these actions.

This endorsement applies in the states listed in the Schedule below.

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TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (B)

POLICY NUMBER: (7PJUB-2E24569-A-14)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Schedule

State	Premium Eligibility
ALABAMA	$250,000
ARIZONA	$250,000
CONNECTICUT	$250,000
DISTRICT OF COLUMBIA	$250,000
GEORGIA	$250,000
IDAHO	$250,000
ILLINOIS	$250,000
INDIANA	$250,000
KANSAS	$250,000
NEW HAMPSHIRE	$250,000
NEVADA	$250,000
NORTH CAROLINA	$250,000
OREGON	$250,000
SOUTH CAROLINA	$250,000
SOUTH DAKOTA	$250,000
VERMONT	$250,000
WEST VIRGINIA	$250,000

DATE OF ISSUE: 06-27-14 ST ASSIGN: SC

TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 22 (A)

POLICY NUMBER: (7PJUB-2E24569-A-14)

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

a. The act is an act of terrorism.

b. The act is violent or dangerous to human life, property or infrastructure.

c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.

d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed $100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds $100,000,000,000; and for aggregate Insured Losses up to $100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 22 (A)

POLICY NUMBER: (7PJUB-2E24569-A-14)

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed $100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed $100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective | Policy No. | Endorsement No.
Insured | | Premium $

Insurance Company | Countersigned by ______________________

DATE OF ISSUE: 06-27-14 ST ASSIGN: SC

TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 21 (C)

POLICY NUMBER: (7PJUB-2E24569-A-14)

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of $50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
  a. It is an act that is violent or dangerous to human life, property, or infrastructure;
  b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
  c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective | Policy No. | Endorsement No.
Insured | | Premium $

Insurance Company | Countersigned by ______________________

DATE OF ISSUE: 06-27-14 ST ASSIGN: SC

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TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 19 (00)

POLICY NUMBER: (7PJUB-2E24569-A-14)

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:
Section D. of Part Five of the policy is replaced by this provision.

PART FIVE

PREMIUM

D. Premium is amended to read:
You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the date of the billing.

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PREMIUM AUDIT TIPS

Please take a moment to read the following audit tips, which will help you prepare for your Workers Compensation premium audits. With proper preparation, you could save time and possibly premium dollars.

We are required to complete premium audits on your Assigned Risk Workers Compensation policy to determine your policy premium. Your cooperation in scheduling an appointment with our auditor, or completing and returning the Policyholder Report, is very important.

Remember! An accurate audit depends on having your records prepared for review, and making sure that a person with detailed knowledge of your business is available to answer the auditor's questions.

Become familiar with your state Workers Compensation requirements. Some of the following questions may apply to your state.

QUESTIONS COMMONLY ASKED BY CUSTOMERS	ANSWERS	PREMIUM AUDIT TIPS
What records will I need to provide for a premium audit?	We will look for payroll and disbursement journals, general ledger, cash receipt journal, and checkbooks.	Maintain your records up to date during the policy term.
Will I need to provide my tax records?	Yes, we will need to review your tax records, such as 941's, State Unemployment Wage reports, 1099's, 1040c (Schedule C), 1120, 1065, etc.	Keep copies of filed tax forms applicable during the policy term.
Are holiday, vacation, sick time wages, or housing allowances included in my Workers Comp premium calculation?	Holidays, Vacation, Sick Time wages and housing allowances must be included in your premium calculation.	Severance and third-party disability payments may be excluded. Maintain separate records for these payments.
Are tips included in my Workers Compensation premium calculation?	Tips are excluded, provided your records separate tips from regular wages.	For each employee earning tips, maintain records of tips and wages paid.
Are overtime payments included in my Workers Compensation premium calculation? Note: Not applicable in the state of Nevada.	Wages paid for overtime are included as payroll at the employee's regular pay rate, provided that overtime wages are recorded separately. Overtime wages that are recorded separately <u>are</u> included at two-thirds (2/3) of the total amount paid. (Contact your producer for your state specific guidelines.)	For each employee paid overtime, maintain record of regular wages and overtime payments.
When can an employee's payroll be split among more than one classification code?	Employee payroll is assigned to the basic classification that best describes the business of the employer. It is the overall business that is classified, not each employee or duty. However, the payroll for an employee can be split if the classification can be applied to your business (based on the Classification Rules), <u>and</u> you maintain a payroll breakdown for the employee by job classification. Certain job classifications cannot be split for one employee (examples: 8810, 8742, 8871, 8748).	If the conditions are met, maintain records that reflect the employee's actual time working within each job classification. Remember! Estimated or percentage allocation of payroll is not permitted. If records don't show the entire payroll applicable to each classification, the entire payroll of the individual employee must be assigned to the highest rated classification that represents any part of his/her work.

WUNNKL05

Prepared by *ST. PAUL TRAVELERS – Residual Markets Division* Rev. 9/2005

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Can corporate officers be excluded from coverage?	Some states' Workers Compensation laws may permit officers to elect exclusion from Workers Comp coverage. (Contact your producer for your state specific guidelines.)	Send us any required exclusion forms immediately, and advise us of any new officers during the policy term.
What happens if I'm a partnership and I incorporate during the policy term? (Change in legal entity or ownership).	Changing your legal entity status during the policy term may impact your coverage and/or premium under your state's Workers Compensation Law.	Advise us immediately if you change your legal entity status, or if the ownership of your business changes.
Who is an Independent Contractor?	Generally speaking, an Independent Contractor is one who makes a business of providing a specific service for a pre-determined price, to several different customers, under his/her own terms. *	Maintain copies of contracts and invoices showing breakdown of labor and material, business cards, and certificates of Workers Compensation insurance.
Will I be charged for Independent/Sub-contracted work?	You may be liable for employees of uninsured independent contractors/subcontractors. We therefore may charge premium for independent/subcontracted work without valid certificates of Workers Compensation Insurance.*	Obtain and maintain valid certificates of insurance showing Workers Compensation coverage for all independent/subcontracted work.
What is a valid certificate of Workers Compensation insurance?	A valid certificate of insurance identifies a Workers Compensation policy which is effective during your policy period, lists the Workers Compensation carrier, policy number, and policy term, shows the independent contractor/ subcontractor as "Insured", and your company as "Certificate Holder".	Make sure the independent contractor's or subcontractor's Workers Compensation policy term is effective during the time the work was performed and paid for. Obtain proof of Workers Compensation coverage for the previous or subsequent term as needed.

* Definitions and requirements may vary by state. Additional tests of independent status may apply.

The best time to prepare for your premium audit is now! Keeping proper records and documentation throughout the year may save you time and money.

If you have any questions about your Workers Compensation policy, please contact your Account Manager Underwriter.

Información para auditoriar la prima de su póliza

Por favor tome un momento para leer lo siguiente información de como auditoriamos pólizas. De esta manera usted podra prepararse para el ajuste del seguro de Compensación para los Trabajadores. Con la preparación apropiada, usted podría ahorrar tiempo y posiblemente dinero de la prima.

Anualmente, se nos requiere procesar ajustes a las pólizas de Compensacion para los Trabajadores para determinar el costo de la póliza. Es muy importante su cooperación en hacer y mantener una cita con nuestro auditor, o completar y devolver el reporte llamado Policy Holder Report.

¡Recuerde! El ajuste exacto a su póliza depende de que sus registros esten preparados para ser revisados, y de asegurarse que una persona con conocimiento detallado de su negocio está disponible para contestar a las preguntas del auditor.

Debe familiarizarse con los requisitos estatales sobre el reajuste a su póliza de Compensación para los Trabajadores. Algunas de las siguientes preguntas pueden aplicar en su estado.

PREGUNTAS COMÚNMENTE DE CLIENTES	RESPUESTAS	SUGERENCIA PARA LA AUDITORÍA DE SU PÓLIZA
¿Qué registros voy a necesitar para cooperar con el auditor?	Debe presentar la nomina de pagos en efectivo y del jornal, el diario del los recibos de materiales pagados en efectivo, y los libros de sus chequeras.	Mantenga y presente todos sus registros durante el término de su póliza.
¿Necesito mi planilla de impuesto?	Sí, necesitaremos revisar sus registros de impuestos, tales como 941's, informes del salario del desempleo del estado, 1099's, 1040c (seción C), 1120, 1065, etc.	Guarde y presente las copias de su planilla de impuesto durante el término de la póliza.
¿Son incluidos días feriados, vacaciones, salarios pagados para empleados enfermos, o gastos para provisión de vivienda en mi cálculo del reajuste a mi póliza?	Días feriados, vacaciones, salarios pagados para empleados enfermos, o gastos para provisión de vivienda deben ser incluidos en el reajuste a su póliza.	La separación y los pagos de tercera persona por inhabilidad pueden ser excluidos. Mantenga sus registros separados para estos pagos.
¿Son incluidas propinas en mi cálculo del reajuste a mi póliza?	Se excluyen las propinas, si estan separadas de su nomina salárial regular.	Para cada empleado que gana propinas, mantenga registros de las propinas y el salario pagado.
¿Son incluidos horas extras (sobre tiempo) en el ajuste a mi póliza? Nota: Esto no aplica en el estado de Nevada.	Horas extras o sobre tiempo se incluyen en la tarifa regular de la paga del empleado, siempre y cuando los salarios de las horas extras se reporten separado. Horas extras que sean registradas separadas seran incluidas en dos tercios (2/3) de la cantidad total pagada. (Contacte a su agente de seguro para las pautas especificas del estado.)	Para cada empleado que se le pagen horas extras or sobre tiempo, mantenga un registro de su salario y de las horas extras que se le han pagado.

¿Cuando puede el pago del empleado ser separado entre más de un código de clasificación?	El pago del empleado se asigna a la clasificación básica que describe el negocio del patron lo mejor posible. Es el negocio total que se clasifica, no cada empleado, deber o labor. Sin embargo, el pago para un empleado puede ser separado si la clasificación le aplica a su negocio (basado en las reglas de clasificación), y si usted mantiene un registro especifico de la paga para el empleado por la clasificación de trabajo. Ciertas clasificaciones de trabajo no se pueden separar para un empleado (ejemplos: 8810, 8742, 8871, 8748).	Si las condiciones estan de acuerdo con las expectativas, mantenga los registros de cada empleado que reflejan el tiempo que ha trabajado dentro de cada clasificación. ¡Recuerde! No se permite la asignación estimada o del porcentaje de la nómina de pago. Los estimados o porcentaje no demuestran la nómina de pago entera aplicable a cada clasificación, por lo tanto la nómina de pago entera del empleado individual se debe asignar a la clasificación más alta que representa cualquier parte de su trabajo.
¿Pueden los oficiales corporativos excluirse de cobertura?	En algunos estados los oficiales pueden elejir la exclusión de la cobertura del seguro de Compensación para los Trabajadores. (Contacte a su agente para sus pautas especificas del estado.)	Envíenos cualquier formulario requerido por su estado para la exclusión, y notifíquenos de cualquier nuevo oficial durante el término de póliza.
¿Qué sucede si yo tengo un socio o estoy incorporado durante el término de la póliza? (Cambio de entidad legal o propietarios).	Cambiar el estado legal de la entidad durante el término de póliza puede afectar su cobertura y/o prima bajo la ley estatal de La Compensación para los Trabajadores.	Notifíquenos inmediatamente si usted cambia el estado legal de su entidad, o si los propietarios de su negocio cambian.
¿Quién es un Contratista independiente?	Generalmente hablando, un contratista independiente es uno quién hace un negocio de proveer un servicio especifico por un precio predeterminado, a varios clientes diversos, bajo su propios términos.*	Mantenga copias de contratos y facturas que demuestran especificamente el pago del trabajo y materiales, tarjetas de negocio, y certificados del seguro de La Compensación para los Trabajadores.
¿Me cobraran por el trabajo completado por contratistas independiente o sub-contratistas?	Usted puede ser responsable por los empleados or ayudantes de su contratistas o subcontratista independientes sin seguro. Por lo tanto podemos cobrar por estos contratistas independiente o subcontratistas sin certificados válidos del seguro de La Compensación para los Trabajadores.*	Obtenga y mantenga los certificados de seguro que demuestren la cobertura de sus contratistas independiente o subcontratistas bajo el seguro de Compensación para los Trabajadores durante el periodo contratado.

¿Que es un certificado válido del seguro de Compensación para los Trabajadores?	Un certificado de seguro de La Compensación para los Trabajadores identifica la fecha durante su periodo de la póliza, enumera el portador de La Compensación de Trabajadores, número de la póliza, y tiempo que la póliza corrio, muestra el contratista como el "asegurado" (insured), y su compañía como el "sostenedor del certificado" (certificate holder).	Asegurese que el término de póliza de Compensación para los Trabajadores del contratista sea durante el tiempo que el trabajo fue realizado y pagado. Obtenga la prueba de la cobertura de La Compensación para los Trabajadores para el término anterior o subsecuente según sea necesario.

*Las definiciones y los requisitos pueden variar en cada estado. Pruebas adicionales del estado para contratista independiente pueden aplicarse.

¡La mejor época pare prepararse para ajustar su póliza de La Compensación para los Trabajadores es ahora! Guardar la documentación apropiada y sus registros a través del año puede ahorrarle tiempo y dinero.

Si usted tiene preguntas sobre su póliza de La Compensación para los Trabajadores, contacte a su agente de seguro.

If Your Employee Is Injured At Work

Prompt reporting of work-related injuries and illnesses and the use of Travelers national Medical Network Providers can achieve better outcomes and lower your overall workers compensation claim costs!

Whenever an Employee suffers a work-related injury or illness, the Employer should:

1. Seek appropriate medical care for the Employee.
2. If the injury or illness is acute, the Employer should always send the Employee to the nearest medical emergency department.
3. If the injury or illness is not acute, the Employer may suggest that the Employee seek treatment from the nearest Medical Network Provider. Medical Network Providers understand work-related illnesses and injuries, are credentialed to help assure quality care, and cooperate to achieve a medically appropriate return to work for the Employee. Medical Network Providers (hospitals, initial care clinics, specialists, testing, therapy, etc.) are available in all 50 States and the District of Columbia. Even before an illness or injury occurs, it may be helpful for the Employer to build a relationship with a convenient Medical Network Clinic or Hospital that will provide initial treatment for ill or injured Employees.
4. The Employee's Supervisor should gather pertinent facts about the work-related illness or injury and may use the Worksheet For Workers' Compensation Telephone Reporting provided by Travelers as a guide.
5. As soon as possible, the Employer should report all work-related illnesses or injuries to Travelers by,
   - using Travelers business insurance online reporting web site at travelers.com
   - dialing our toll free number, 1-800-832-7839. If needed at that time, Travelers Customer Service Representative can provide the name of a convenient Medical Network Provider. Prompt reporting of work-related illnesses and injuries is key in helping to reduce total claim costs. At the conclusion of the phone call, the Travelers Customer Service Representative will provide a claim number that should be retained for the Employer's reference and also provided to the ill or injured Employee.

The card below contains information that may be helpful in reporting work-related illnesses and injuries to Travelers and should be kept in a convenient location for use by the Employer when needed.

TRAVELERS WC Claim Reporting

- Promptly report your work-related injuries to Travelers:
  - Travelers.com
  - 800-832-7839
- Learn about Travelers unique Claim Services and find a convenient medical network provider by logging on to www.travelers.com then *Select:*
  - Claim
  - Workers Compensation claim resources
  - Find a network Medical Provider

WORKERS' COMPENSATION TELEPHONE REPORTING WORKSHEET

THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW.
Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation Injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.

ACCOUNT/ACCIDENT INFORMATION

CALLER'S PHONE NUMBER/EXTENSION ( ) | CALLER'S TITLE | CALLER'S NAME | REPORTING STATE

SUBSIDIARY NAME | SUBSIDIARY'S ADDRESS (STREET, CITY, STATE & ZIP) | SUBSIDIARY'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) ☐ SAME

DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS?
☐ YES ☐ NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED

PARENT COMPANY/INSURED'S NAME

LOCATION CODE | POLICY SYMBOL AND NUMBER | NATURE OF BUSINESS

DATE OF INJURY | TIME OF INJURY

ACCIDENT DESCRIPTION

EMPLOYEE INFORMATION

INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER | EMPLOYEE'S NAME (FIRST, MI, LAST) | GENDER ☐ MALE ☐ FEMALE

DATE OF BIRTH | EMPLOYEE'S MAILING ADDRESS

EMPLOYEE'S HOME PHONE NUMBER ( ) | EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)

EMPLOYEE JOB INFORMATION

EMPLOYMENT STATUS CODE
☐ FULL-TIME ☐ PART-TIME ☐ OTHER ________ | INJURED WORKER TYPE | REGULAR OCCUPATION

OCCUPATION WHEN INJURED

EMPLOYEE'S WORK SCHEDULE
REGULAR WORK HOURS HOURS/DAY DAYS/WEEK

EMPLOYEE'S WAGE INFORMATION
$________/HOUR OR $________/ANNUAL OR $________/WEEKLY OVERTIME $________ ADDITIONAL BENEFITS, $________

DATE OF HIRE OR LENGTH OF EMPLOYMENT

SUPERVISOR'S NAME | SUPERVISOR'S PHONE NUMBER ( ) | BEST HOURS TO CONTACT

ACCIDENT INFORMATION

DATE CLAIM REPORTED TO EMPLOYER? | DID EMPLOYEE LOSE ANY TIME FROM WORK? ☐ YES ☐ NO | IS THE EMPLOYEE BACK AT WORK? ☐ YES ☐ NO IF YES, DATE RETURNED TO WORK?

RETURN TO WORK STATUS
☐ LIGHT ☐ MODIFIED ☐ REGULAR | DATE EMPLOYEE LAST WORKED | WAS INJURY FATAL? IF YES, DATE OF DEATH ☐ YES ☐ NO

CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)

EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED

DO YOU QUESTION THE VALIDITY OF THE CLAIM?
☐ YES ☐ NO

WITNESS INFORMATION/OTHERS INVOLVED
NAME (FIRST, MI, LAST) | ADDRESS | PHONE NUMBER

CONTINUED ON REVERSE SIDE

609514 WUNTCD05

Ramirez -APA-288

INJURY INFORMATION

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

☐ YES ☐ NO

TREATMENT (X ALL THAT APPLY)

☐ FIRST AID — TREATMENT AND DATE OF 1ST TREATMENT

☐ HOSPITAL/CLINIC — NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1ST TREATMENT, LENGTH OF STAY, AMBULANCE USED?

WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM? ☐ YES ☐ NO

WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN INPATIENT? ☐ YES ☐ NO

☐ PHYSICIAN —

SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.

CUSTOMER SPECIFIC INFORMATION

ADDITIONAL COMMENTS & INFORMATION

WUNTCD05 (Back)

WORKERS' COMPENSATION – FIRST REPORT OF INJURY – STATE SPECIFIC QUESTIONS

Alabama
Employee's County.
Return to work (Y/N)
At what Occupation:
At what Wage $:
Return to work wage is per (Day, Week or Month):
Employer's ID (U.C. Account) Number:
What Specific Product(s) does the business produce.

Alaska - No Additional State Questions

Arizona
Last Day of Work after injury:
Number of Days per Week Company usually Works:
Department Number:
If Validity of Claim is Doubted, state Reason:
Has injured been employed for more than 12 months (Y/N):
Was employee on overtime when injured (Y/N):

Arkansas - No Additional State Questions

California
State Unemployment Insurance Account Number
Date employee was provided Employee Claim Form:
Has your employee pre-designated a primary treating physician (Y/N):
If Yes, Primary Treating Physicians
First Name: Last Name: Street Address.
City. State: Zip: Phone:
If No, did your employee require medical treatment (Y/N):
If Yes, Treating Physicians
First Name: Last Name: Phone:
If No, and employee requires medical treatment in the future, you can go to our website WWW.MYWCOMPINFO.COM to find a provider in the Medical Provider Network

Colorado
Employer Federal ID Number
Does Employer have a salary continuation program (Y/N)
If "Yes" is this program registered with the state (Y/N)

Connecticut - No Additional State Questions

Delaware
Employer's UC Reporting Number:
Employees County:
Returned to work (Y/N). If Yes, at same wage (Y/N):

District of Columbia
Employer ID Number:
Returned to work (Y/N):
If Yes, at what Time: AM/PM
At what Wage $: Per (Day, Week or Month):
Was injured hired in DC (Y/N):
Was employee in his/her regular occupation when injured (Y/N):
Was injured given Form #7 DCWC (Y/N):
Piece or Time Worker (piece, time or blank):

Florida - No Additional State Questions

Georgia
Wage Rate at time of Injury $: Per:
First Date employee failed to work a full day:
Did employee work the next day (Y/N):
Return to work Wage $:
Return to work wage is per (Day, Week or Month):

Hawaii
Was employee furnished meals or lodging (Y/N):

Idaho - No Additional State Questions

Illinois
Has the injured worker signed a medical authorization (Y/N):
If yes, inform them to please fax the signed medical authorization to the med auth customer service specialist at 1-877-786-5567.

Indiana - No Additional State Questions

Iowa - No Additional State Questions

Kansas
SIC Code:
Was worker admitted to hospital (Y/N):
If Yes, Date of Admission:
Was worker treated in emergency room only (Y/N):
Returned to work (Y/N):
If employee has returned to work, was return to light duty (Y/N):
Is further medical aid needed (Y/N):
Is compensation now being paid (Y/N).
If Yes, Date of first Initial Payment:
Fatal (Y/N):
If Yes, Name and Address of Dependents:

Kentucky - No Additional State Questions

Louisiana
Employer's Federal ID Number:
Employer's Unemployment Insurance Reporting Number:
Returned to work (Y/N):
If Yes, at same wage (Y/N):
Last Full Day Paid:
If occupational disease, Date of Initial Diagnosis:
Parish (county) where injury occurred:

Maine
Employer's State Unemployment Insurance Account Number (UIAN)
Federal Employer Insurance Number (FEIN)

Maryland - No Additional State Questions

Massachusetts
Federal ID Number:
Returned to work (Y/N).
Did employee return to his/her regular occupation (Y/N):
Describe nature of business or article manufactured (S=Service, W=Wholesale, R=Retail, M=Manufacturing):
Date Reported as work related:

Michigan
Federal ID Number:

Minnesota
Date employer notified of lost time:
NAICS Code Number:

Mississippi - No Additional State Questions

Missouri - No Additional State Questions

Montana - No Additional State Questions

Nebraska - No Additional State Questions

Nevada
How long employed by you in Nevada Years: Months:
If Validity of Claim is Doubted, state Reason:

New Hampshire
Federal I.D. Number:
Was the employee injured in his/her regular occupation (Y/N):
Was injured hired in New Hampshire (Y/N):
Number of Full-Time Employees:
Number of Part-Time Employees:
If leased or temporary worker, provide the Client's Business Name:
Was accident caused by injured's failure to use safeguards or follow regulations (Y/N).
Probable Length of Disability:
Returned to work (Y/N):
At what Occupation:
Returned at Full Duty:
Returned at Alternative/Light Duty.
Initial treatment ("X" all that apply)
No medical treatment: Care provided by employer only (on-site): Emergency Care: Hospitalized: Outpatient: Clinic:
Office Visit: Other-explain:
Is there a managed care program (Y/N):

WORKERS' COMPENSATION – FIRST REPORT OF INJURY – STATE SPECIFIC QUESTIONS

If Yes, Name of Provider
Is there a written safety program in force (Y/N):
Is there an active safety committee (Y/N):
Employee's Legal First Name (please validate):

New Jersey - No Additional State Questions

New Mexico - No Additional State Questions

New York
Did you provide medical care (Y/N)
If Yes, When:
Returned to work (Y/N):
If Yes, at what Weekly Wage $:
Injured workers Work Week (indicate days regularly worked):
Fatal (Y/N):
If Yes, Name and Address of nearest relative.
Relationship:

North Carolina
Regular Wages per Day $:
Average Weekly Wages with Overtime $:
Returned to work (Y/N):
If Yes, at what Time: AM/PM
If Yes, what Date:
Return to work at what Wage $: Per (Day, Week or Month):
Return to work at what Occupation:

North Dakota - No Additional State Questions

Ohio
Time Accident Reported to employer: AM/PM:
Has employee ever filed a previous application for this injury (Y/N):
Has employee filed any other claims with the Bureau or Industrial Commission (Y/N):
If Yes, specify Claim Number and Body Parts.
Employee's County.
Current Employer's Risk Number:

Oklahoma
Was employment agreement made in Oklahoma (Y/N):
SIC Number:
Type of Ownership (P=Private, S=State Government, C=County Government, L=Local Government):

Oregon
Hospitalized overnight as inpatient (if emergency room only, answer N) (Y/N).
Was accident caused by failure of machinery or product (Y/N):
Did someone (not worker) cause accident (Y/N):
Time worker left work: AM/PM:

Pennsylvania
Employee's County.
Bureau Code
NAICS Code:
Employer's County:
Are you aware of a 'Panel of Physicians' for your Employer? (Y/N)

Rhode Island
Federal ID Number
First Full Day Lost from work.
Unemployment Insurance Number
State of Hire:
Was this injury previously an "Incident Only" with no medical treatment and no lost time (Y/N)
If Yes, Date Employer first Notified of medical treatment or lost time
Category of Injury or Illness ("X" all that apply):
Injury: Illness: Occupational Disease. Repetitive Trauma. Occupational Hearing Loss: Unknown:

South Carolina - No Additional State Questions

South Dakota
Federal ID Number:
Number of employees.
Body Part Injured Code (2 digits):
Cause of Injury Code (2 digits).
Nature of Injury Code (2 digits):
Was employee hired for temporary employment (Y/N):
Carrier Code

Tennessee - No Additional State Questions

Texas - No Additional State Questions

Utah - No Additional State Questions

Vermont
Federal ID Number.
Was employee hired in Vermont (Y/N):
Does the employer regularly employ 10 or more employees (Y/N):
Returned to work (Y/N): If Yes, at what Weekly Wage $:
Was injured paid in full for the date disability began (Y/N):
Was employee injured at his/her regular occupation (Y/N)
Fatal (Y/N):
If Yes, Name, Address and Relationship of Nearest Relative:
Last Date Paid in Full:

Virginia
Returned to work (Y/N): If Yes, at what Wage $:
Federal Tax ID Number

Washington - No Additional State Questions

West Virginia
Has the employee been given "The Employees and Physicians Report of Injury Form" (Y/N)

Wisconsin - No Additional State Questions

Wyoming - No Additional State Questions

U.S. Longshoreman (USDOL) - No Additional State Questions

TRAVELERS

WORKERS COMPENSATION TELEPHONE REPORTING

Dear Employer,

We are pleased to offer you a toll-free telephone reporting service to report employee injuries. This service has been designed to save you time, reduce paperwork, and reduce the cost of worker's compensation insurance.

The rising cost of workers compensation insurance is of concern to you and other employers in your state, as it is to Travelers. Travelers has made this service available so that we can better control claim costs and reduce the ever growing costs of the workers compensation system.

The number is 1-800-832-7839

Studies have shown that injured workers reassured that their medical and lost time costs will be covered are less likely to seek assistance from outside of the system. This reduces costs while helping return Workers Compensation to its original purpose as a direct delivery system for injured workers. Additionally, employer involvement and concern for their injured employee has accelerated the employee's return to work, reducing costs even further.

We have taken this step with our customers serviced by the Travelers in your state to demonstrate our continued commitment to provide the highest level of service to all of our customers.

Please review the enclosed material. You will find that it is easy to follow and use. Your producer has also received a copy of this information and may wish to advise you further about this service and how it can have a positive effect on the cost of workers compensation insurance.

If you would like more information about this program or any other services available from The Travelers please contact our Service Center.

Sincerely,

The Travelers

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WORKERS' COMPENSATION TELEPHONE REPORTING 1-800-832-7839

TO REPORT A WORKERS' COMPENSATION CLAIM

When an employee is injured, the most important thing is to secure appropriate medical treatment. Once this has been done, the claim should be called into The Travelers.

Suggested Steps:

1. **Gather the facts.**

   Use the GUIDE FOR REPORTING WORKERS' COMPENSATION CLAIMS as a reference. It is not necessary to write answers to questions you know, it is a tool to help reduce the amount of time you are on the telephone.

   Remember, the objective is to report the claim quickly. We need the employee's name, social security number and a description of the accident. Try to gather as much information as possible, but don't worry if you do not have the answers to each and every question.

2. **Call the Customer Service Unit.**

   We have a single telephone number and the call will automatically be routed to the proper regional Customer Service Unit. You will be greeted on the telephone by a Customer Service Representative, who will complete the state specific notice of injury on the system by asking you the necessary questions. The order of the questions will be the same every time you call.

   The questions are grouped into three sections:

   - General Questions

     This section contains questions specific to you, your employee and the accident. Once you have reported a claim, the system will prefill your employer specific information, such as your policy number on all future claims.

   - State Specific Questions

     If the jurisdiction requires data not covered in the general section, it will be covered here.

   - Additional Comments and Information

     If you would like to provide additional information not covered elsewhere, the Customer Service Representative will be able to record this in a free form area.

3. **Let Your Employee Know.**

   Before you hang up, the Customer Service Representative will give you a claim number.

   Referencing the claim number will help expedite the handling of the rest of the claim. Please include the claim number with all future correspondence, such as wage statements or medical bills. Please be sure to give this number to your employee.

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ATTENTION

NOTICE TO POLICYHOLDERS

IF YOU HAVE EMPLOYEES WHO TRAVEL OR WORK OUT OF STATE, YOU MAY NEED ADDITIONAL WORKERS' COMPENSATION INSURANCE. CONSULT YOUR INSURANCE ADVISOR OR CARRIER PRIOR TO COMMENCEMENT OF OPERATIONS IN ANY STATE NOT LISTED ON YOUR POLICY.

TRAVELERS

PRIVACY NOTICE

THE TRAVELERS INSURANCE COMPANIES

PRIVACY POLICY

Thank you for selecting THE TRAVELERS INSURANCE COMPANIES as your workers compensation insurer. At THE TRAVELERS INSURANCE COMPANIES a subsidiary of Travelers, we recognize that privacy is important to you. That is why we are committed to protecting your privacy through the adoption of the following privacy principles:

Collection Of Information

We collect, retain, and use information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, only where we believe that it will help or is necessary to provide you products and services or otherwise conduct our business. We collect nonpublic personal financial information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, from the following sources:

- information we receive from you or through your agent or broker on applications or other forms;
- information we receive from or about you in the process of adjusting claims;
- information about your other transactions, including risk control and other consulting services, with us, our affiliates or other third parties;
- information about your coverages and loss activity with other carriers; and
- information we receive from a consumer reporting agency.

Such information includes identifying information such as policyholder, participant, beneficiary or claimant name, address, and social security number; financial information such as income, payment history, or credit history; and, under certain circumstances, health information such as information about an illness, disability, or injury. It could also include information on claims with other insurance companies and us and the condition and maintenance of your property.

Disclosure Of Information

We usually do not disclose nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, without your consent. However, in some circumstances we may disclose information to others without your prior authorization. The most common disclosures are to the following persons:

- our affiliated property and casualty insurance companies;
- state insurance departments, for their regulation of our business;
- other government authorities;
- our agents and brokers as necessary to conduct our business;
- organizations that perform underwriting and claims investigations;
- another insurance company to which you have applied for a policy or submitted a claim;
- insurance support agencies, law enforcement agencies and our reinsurers; and
- any other third party, as permitted or required by law.

Most importantly, THE TRAVELERS INSURANCE COMPANIES does not and will not disclose or sell nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to anyone for marketing purposes.

Confidentiality And Security

We restrict access to nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to those who need it to serve your insurance needs and to maintain and improve customer service. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws and regulations to guard your nonpublic personal information.

Disclosure and Protection of Former Customers' Information

We may disclose all the personal information we have collected, as described above. However, even if you no longer have a customer relationship with us, we will continue to follow our privacy policies and practices to protect your information.

Changes In Privacy Policy

We may choose to modify our policy regarding the treatment of personal information at any time. Before we do so, we will notify you and provide an updated privacy notice.

IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER COMPENSATION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit www.travelers.com, call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.

(7PJUB-2E24569-A-14)

APPLICATION FOR DRUG AND ALCOHOL FREE WORKPLACE PREMIUM CREDIT PROGRAM

CEDENO RAMIREZ, FRANCISCO DBA
Name of Employer: CEDENO ROOFING & WOODWORKING

Date Program Implemented: ______________________

This form must be completed by you and returned to your carrier with a copy of applicable documentation as proof of compliance before the premium credit of five percent (5%) can be established and processed. *A program must be certified during each year the employer receives credit.* Failure to do so will remove you from eligibility for this credit.

The following are the four (4) minimum requirements necessary for a qualified employer workplace program. Please check the items below that apply.

☐ 1) **Substance Abuse Policy Statement:**
Any policy must be designed to help employees who need substance abuse assistance while, at the same time, sending a clear message that the abuse of drugs and alcohol is not compatible with employment in that employer's workplace. The policy statement must evidence both the employer's respect for its employees and the employer's need to maintain a safe, productive, substance-abuse-free environment.

☐ 2) **Employee Notification:**
In order to protect the individual rights of each employee and to begin the employee education process necessary for a well-defined, well-managed workplace drug and alcohol abuse prevention program, each existing employee and each new employee hired after program implementation must be given a clear, concise, readable notice of the program, the program's requirements, the policy statement and the employer's expectations under the program,. Notification should be and should remain, posted in employee common areas. In addition, each existing employee and each new employee must be given, by mail or by in-person delivery, a copy of the notice Delivery may be accomplished by inclusion of the notice within the employee's paycheck package or any similarly important-to-the employee correspondence or benefits delivery.

☐ 3) **Testing Program:**
The testing procedure must include a provision for random sampling of all persons who receive wages and compensation in any form from the employer and must provide for a second test to be administered within thirty minutes of the administration of the first test. Positive test results must be provided in writing to the employee within twenty-four hours of the time the employer receives the test results. Each employer must keep records of each test for up to one year.

☐ 4) **Test Results Confidentially Protocols:**
Test results information, interviews, reports, statements, and memorandums received by the employer must be considered confidential and may not be used, received, or discovered in civil, criminal, or administrative proceedings. The burden to protect against unauthorized release is placed not only upon the employer and any laboratory, medical review officer, or rehabilitation program or their agents, but also upon the underwriting insurer. Employers, laboratories, medical review officers, insurers, drug or alcohol rehabilitation programs, and employee drug prevention programs, and their agents who receive or have access to information concerning test results shall keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the employee tested or his designee unless the release is completed through disclosure by an agency of the State in a civil or administrative proceeding, order of a court of competent jurisdiction, or determination of a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain at a minimum:

(1) the name of the person who is authorized to obtain the information;
(2) the purpose of the disclosure;
(3) the precise information to be disclosed;
(4) the duration of the consent; and
(5) the signature of a person authorizing release of the information.

Information on test results shall not be released for or used or admissible in any criminal proceeding against the employee.

I certify that the above information is accurate and that I may be subject to an additional premium charge if it is determined that there is any misrepresentation of the established drug and alcohol free workplace program criteria. This is a true and factual depiction of my current program.

Employer Name	Date	Officer/Owner Signature*
		Title

*Application must be signed by an officer or owner

Notary Public's Signature	Date	Exp. of Commission

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TRAVELERS

IMPORTANT NOTICE

Dear Producer,

Travelers has a toll-free telephone reporting system for workers compensation claims.

The number is 1-800-832-7839.

Telephone reporting is a valuable aid benefiting all parties. It reduces paper-work and claims handling time. Most importantly, it allows Travelers to immediately take charge of the claim with our managed care program. Early involvement by the employer and a Travelers claims case manager, will serve to speed an injured worker's return to work and lower overall claim costs.

Your assistance in advising your insured about the value of this service in reducing claim costs will help Travelers form the essential coalition of employer, producer and servicing company.

If you would like more information about this program or any other services available from The Travelers please contact our Service Center.

Travelers is committed to providing the highest quality of service to their customers and appreciates your cooperation in these efforts.

Sincerely,

The Travelers

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STATE WCIP COMMISSION SCALES

The Residual Market Workers Compensation Insurance Plans (WCIP) allow licensed producers to receive a producer fee for services provided to the employer. The producer fee is calculated using a graduated producer fee schedule that is filed by the Plan Administrator with the state regulatory authorities. The payment of producer fees varies by state. Producer feeds are typically based on the state standard premium charged and collected or total premium charged and collected.

State	Residual Market Commission Scale			
Alabama	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Alaska *	First $1,000 @ 8%,	Next $9,000 @ 5%,	Next $90,000 @ 3%,	Over $100,000 @ 1.5%
Arizona	Flat 5%			
Arkansas	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Connecticut	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Delaware	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
District of Columbia	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Florida (FWCJUA)	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Georgia *	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Idaho	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Illinois *	First $1,000 @ 8%,	Next $4,000 @ 4%,	Next $95,000 @ 2%,	Over $100,000 @ 1%
Indiana	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Iowa	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Kansas	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Massachusetts	First $1,000 @ 9%,	Next $4,000 @ 5%,	Next $95,000 @ 4%,	Over $100,000 @ 3%
Michigan	First $5,000 @ 5%,	Next $95,000 @ 4%,	Next $400,000 @ 3%,	Over $500,000 @ 2%
Missouri	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Nebraska	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Nevada	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
New Hampshire	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
New Jersey	First $1,000 @ 8%,	Next $4,000 @ 6%,	Next $95,000 @ 4%,	Over $100,000 @ 2%
North Carolina *	Flat 5%			
Oregon	First $1,000 @ 5%,	Next $4,000 @ 3%,	Next $95,000 @ 2%,	Over $100,000 @ 1%
South Carolina	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
South Dakota	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Tennessee *	Flat 5%			
Vermont	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Virginia	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
West Virginia	First $1,000 @ 8%,	Next $4,000 @ 5%,	Next $95,000 @ 3%,	Over $100,000 @ 2%
Wisconsin *	First $10,000 @ 4%,	Over $10,000 @ 1%		

** Total Premium Charged and Collected*

<u>NOTE</u>: All commissions are calculated and paid based on state standard premium except where indicated. State Standard Premium <u>generally</u> excludes the impact of Premium Discount, Expense Constant, Terrorism, Catastrophe (other than certified acts of terrorism), and taxes and assessments in the calculation.

Total Premium Charged and Collected <u>generally</u> includes the impact of Premium Discount, Expense Constant, Terrorism, and Catastrophe (other than certified acts of terrorism) in the calculation.

Refer to the individual state Workers' Compensation Insurance Plan and the state's algorithm for exact definitions.

IMPORTANT NOTICE FOR RESIDUAL MARKET PRODUCERS

Dear Producer,

Upon receipt of this and all future policies, you will no longer be receiving a separate policyholder copy of the policy paper. Instead, all policy paper is now being direct mailed to the policyholders. This change will result in reduced mailing expenses and more timely and efficient distribution of policy documents.

Thank you!

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SAFETY SERVICES

Notice to policy recipient: If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control department has the experience, resources and capabilities to provide a range of safety services, including site surveys, phone consultations, as well as provide access to numerous safety-related materials.

We have experience in a variety of industries, some of which include manufacturing, wholesale and retail businesses, service organizations, technology-related business, oil and gas-based business, and the public sector.

Following are some examples of available safety services:

Accident Prevention – Our staff can help you identify present and potential hazards in your operations, premises and equipment, and recommend measures for reducing or eliminating these hazards.

Analysis of Accident Causes – Although you investigate and keep records of accidents, we are available to assist if needed.

Safety Consultations – Our Consultants can help you with special problems such as ergonomics and human factors.

Industrial Hygiene/Health Services – We have the facilities and resources to answer your questions concerning job related industrial hygiene/health issues and to measure exposure to industrial hygiene hazards.

Safety Literature and Digital Media – We can provide you with top-notch safety-related literature, CDs, DVDs, and videos to assist in your loss control efforts. Also, we can direct you to several vendors who are able to provide additional safety materials, including brochures, pamphlets and digital media.

Safety Training – We offer face-to-face classroom courses, as well as distance learning programs that explore the risks our policyholders face and ways for them to control losses.

Return-To-Work Coordination – We can assist you with several aspects of the post injury management process.

Internet Website – Visit our Risk Control website for access to our safety newsletters and other safety literature at: http://www.travelers.com/riskcontrol

This website also has links to other safety-related Internet sites.

Please note: For ALL loss control assistance requests, please contact your local office directly, which is listed on one of the following pages.

These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.

SAFETY IS YOUR CONCERN

U.S. employers spend billions of dollars each year on the direct and indirect costs of work-related accidents. Dollar figures can't begin to reflect the pain and suffering of an injured worker and his or her family. But they do give some indication of the multiple consequences of a job-related accident... loss of time, interrupted production, damaged materials and equipment, the expense of retraining or replacing an injured worker, possible legal action from government regulatory agencies, and increased insurance costs.

It makes good sense for both employers and their employees to actively participate in a sound accident prevention program. The success of such a program depends to a large extent on your commitment to safety procedures and accident prevention techniques. Safety is a management concern. Maybe we can help.

You may want to consider the following "Safety Checkpoints" as you evaluate your organization's safety activities:

SELF-INSPECTION PROGRAM:

- Do you conduct periodic surveys of premises?... equipment?... operations?

SELF-INSPECTION PROGRAM (continued):

- Do you analyze each job to find inherent hazards?
- If you discover hazards, do you follow up with immediate corrective action?
- Do you monitor such action to make sure it is implemented and effective?

ACCIDENT INVESTIGATION:

- Do you investigate each accident?...determine the cause?
- Do you take immediate steps to prevent a recurrence?
- Do you keep records of accident investigations and follow-up measures?
- Do you complete accident statistics and analyze trends?

EDUCATION AND TRAINING:

- Do you take the time to train each of your employees to perform tasks safely?
- Do more-experienced employees receive training to correct bad habits that have developed over time?
- Do all employees understand that safety is an important part of their jobs?

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

ALABAMA
Birmingham
3000 Riverchase Galleria
Ste. 600
Birmingham, AL 35244
(678) 317-7708
Claims: 1-800-238-6214

ALASKA
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

ARIZONA
Phoenix
2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
(720) 200-8355

ARKANSAS
Richardson, TX
1301 E. Collins Blvd
Richardson, TX 75081
(214) 570-6676

CALIFORNIA
Diamond Bar
21688 Gateway Center Drive
P.O. Box 6512
Diamond Bar, CA 91765-8512
Risk Control: (714) 620-0682
Claims: (909) 612-3000

CALIFORNIA
Glendale
700 N. Central Avenue, 4th Floor
P.O. Box 1840
Glendale, CA 91209
Risk Control: (714) 620-0682
Claims: (909) 612-3000

CALIFORNIA
Los Angeles
888 South Figueroa St., Ste. 500
Los Angeles, CA 90017
(714) 620-0682
Risk Control: (714) 620-0682
Claims: (909) 612-3000

CALIFORNIA
Sacramento
11070 White Rock Road, Suite 130
Rancho Cordova, CA 95670
Risk Control: (916) 852-5245
Claims: (800) 727-3995

CALIFORNIA
San Diego
9325 Sky Park Court, Ste. 220
San Diego, CA 92123
(714) 612-0682

CALIFORNIA
Walnut Creek
225 Lennon Lane, Ste. 105
P.O. Box 8090
Walnut Creek, CA 94596-8090
Risk Control: (925) 945-4171
Claims: (800) 842-7354

COLORADO
Denver
6060 S. Willow Dr. #300
Greenwood Village, CO 80111
(720) 200-8355
Claims: 720-200-8100

CONNECTICUT
Hartford
300 Windsor Street
Hartford, CT 06120
(860) 954-3741
Claims: (860) 954-5190

DELAWARE
Washington, DC
10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
(215) 274-1610
Claims: 1-800-368-3562

DISTRICT OF COLUMBIA
Washington, DC
14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 1-800-368-3562

FLORIDA
Orlando
2420 Lakemont Dr
Orlando, FL 32814
(407) 388-3307
Claims: 407-388-2400

GEORGIA
Atlanta
1000 Windward Concourse
Alpharetta, GA 30005
(678) 317-7708
Claims: 800-238-6214

HAWAII
Orange, CA
333 City Blvd. W
Suite 1100
Orange, CA 92868
(714) 620-0682

IDAHO
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

ILLINOIS
Chicago
200 North LaSalle Street
Suite 2200
Chicago, IL 60601
(630) 961-8074
Claims: 800-842-6172

ILLINOIS
Naperville
215 Shuman Boulevard
P.O. Box 3208
Naperville, IL 60566
(630) 961-8074
Claims: 800-842-6172

INDIANA
Indianapolis
Suite 300
6081 East 82nd Street
Indianapolis, IN 46250
(317) 845-1479
Claims: 800-238-6210

IOWA
Des Moines
7101 Vista Dr.
West Des Moines, IA 50266-9313
(651) 310-4422
Claims: 800-255-5072

KANSAS
Kansas City
7465 West 132nd
Overland Park, KS 66213
(913) 685-5109

KENTUCKY
Louisville
Suite 150
303 N Hurstbourne Pkwy
Louisville, KY 40222
(502) 429-7390
Claims: 800-238-6210

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

LOUISIANA
New Orleans
3838 N Causeway, Suite 2700
Metairie, LA 70002
P O Box 61479
New Orleans, LA 70161-1479
(504) 832-7562
Claims 800-842-2556

MAINE
Portland, ME
207 Larrabee Road, Suite 3
Westbrook, ME 04092
(207) 857-2021

MARYLAND
Washington, DC
14200 Park Meadow Dr
Chantilly, VA 20151
(571) 287-6232
Claims 1-800-368-3562

MASSACHUSETTS
Boston
100 Summer Street, Suite 201A
Boston, MA 02110
(781) 817-8370
Claims 800-832-7839

MASSACHUSETTS
Hudson
1 Cabot Road
Suite 250
Hudson, MA 01749
(781) 817-8370
Claims 800-832-7839

MASSACHUSETTS
Braintree
350 Granite Street
Suite 1201
Braintree, MA 02184
(781) 817-8370
Claims 800-832-7839

MICHIGAN
Grand Rapids
3777 Sparks Ave. SE, Ste 200
P.O Box 3010
Grand Rapids, MI 49501-0323
(248) 312-7301
Claims: 800-238-6210

MICHIGAN
Troy
1301 W. Long Lake Rd., Ste. 300
Troy, MI 48098
(248) 312-7301
Claims: 800-238-6210

MINNESOTA
St. Paul
385 Washington St., MC 104P
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

MISSISSIPPI
Jackson
1080 River Oaks Dr
Ste B-200
Flowood, MS 39232
(601) 936-8212
Claims: 1-800-342-4064

MISSOURI
Maryland Heights
940 West Port Plaza, Suite 450
Maryland Heights, MO 63146
(913) 685-5109
Claims: 800-842-9621

Kansas City
7465 West 132nd
Overland Park, KS 66213
(913) 685-5109
Claims: 800-255-5072

Missouri Workers' Compensation Plan (MWCP)
1000 Walnut Street
Kansas City, MO 64199
(816) 391-1123

MONTANA
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

NEBRASKA
Omaha
11516 Miracle Hills Dr., St. 400
Omaha, NE 68154
(651) 310-4422
Claims: 800-255-5072

NEVADA
Las Vegas
1850 E Flamingo, Suite 202
Las Vegas, NV 89119
(702) 669-4746
Claims: 702-479-4200

NEW HAMPSHIRE
Portland, ME
207 Larrabee Road, Suite 3
Westbrook, ME 04092
(207) 857-2021

NEW JERSEY
Morristown
445 South Street
Morristown, NJ 07960
(973) 631-7015
Claims: 1-800-842-2475

NEW JERSEY
Marlton
Lake Center Exec Park Building 30
Suite 110
Marlton, NJ 08053
(856) 703-2323
Claims: 800-842-2475

NEW MEXICO
Phoenix
2401 W Peoria Ave , Suite 130
Phoenix, AZ 85029
(720) 200-8355
Claims: 602-861-8600

NEW YORK
Albany
900 Watervliet-Shaker Road
Albany, NY 12205
(315) 424-7231
Claims: 800-842-2475

NEW YORK
Buffalo
60 Lakefront Blvd.
P.O. Box 242
Buffalo, NY 14240-0242
(315) 424-7231
Claims: 800-842-2475

NEW YORK
Jericho-Long Island
Two Jericho Plaza
Jericho, NY 11753
(516) 933-3932
Claims: 800-842-2475

NEW YORK
New York
485 Lexington Ave.
New York, NY 10017-2630
(516) 933-3932
Claims: 1-800-842-2475

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

NEW YORK
Rochester
75 Town Centre Drive
P.O. Box 23235
Rochester, NY 14692-3235
(315) 424-7231
Claims. 1-800-842-2475

NEW YORK
Syracuse
440 South Warren Street
P.O. Box 4963
Syracuse, NY 13221-4963
(315) 424-7231
Claims: 800-842-2475

NORTH CAROLINA
Charlotte
11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: (704) 544-3500

NORTH CAROLINA
Raleigh
4504 Emperor Blvd.
Durham, NC 27703
(919) 474-4811
Claims: (704) 544-3500

NORTH DAKOTA
St. Paul, MN
385 Washington St., MC 104P
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

OHIO
Cincinnati
895 Central Ave., Ste. 800
Cincinnati, OH 45202
(317) 845-1479
Claims: 800-238-6210

OHIO
Cleveland
Skylight Office Tower
1660 W. 2nd St., Ste. 500
Cleveland, OH 44113-1454
(317) 845-1479
Claims: 800-238-6210

OKLAHOMA
Tulsa
9820 East 41st St., Suite 401
P.O Box 3510
Tulsa, OK 74101
(918) 624-2730

OREGON
Portland
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276
Claims: 800-698-6883

PENNSYLVANIA
Philadelphia
10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
(215) 274-1610
Claims: 800-832-0606

PENNSYLVANIA
Pittsburgh
800 Two Chatham Center
Pittsburgh, PA 15219-2505
(412) 338-3082
Claims: (412) 338-3000

PENNSYLVANIA
Reading
1105 Berkshire Blvd.
P.O. Box 13426
Wyomissing, PA 19612-3426
(215) 274-1610
Claims: 800-832-0606

RHODE ISLAND
Braintree
350 Granite Street
Suite 1201
Braintree, MA 02184
(781) 817-8370
Claims: 800-832-7639

SOUTH CAROLINA
Charlotte
11440 Carmel Commons Blvd
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: 704-544-3500

SOUTH DAKOTA
St. Paul, MN
385 Washington St.
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

TENNESSEE
Franklin
6640 Carothers Pkwy, Suite 300
Franklin, TN 37067
(615) 660-6036
Claims: (615) 660-6000

TEXAS
Dallas
1301 E Collins Blvd., Suite 300
Richardson, TX 75081
(214) 570-6675
Claims: 214-570-6000

TEXAS
Houston
4650 Westway Park Blvd., Suite 350
Houston, TX 77041
(281) 606-8534
Claims: 800-235-3610

UTAH
Denver, CO
6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306
Claims. 800-453-3025

VERMONT
Hartford, CT
300 Windsor Street
Hartford, CT 06120
(860) 954-5190

VIRGINIA
Richmond
300 Arboretum Place
P.O. Box 26426
Richmond, VA 23260-6426
(804) 330-6063
Claims: (804) 330-6000

Washington, DC
14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 800-368-3562

WASHINGTON
Seattle
1501 4th Avenue, Suite 400
Seattle, WA 98101
(206) 464-3463

WEST VIRGINIA
Pittsburgh, PA
800 Two Chatham Center
Pittsburgh, PA 15219-2502
(412) 338-3082
Claims: (443) 353-1000

WISCONSIN
Milwaukee
13935 Bishops Drive, Suite 200
Brookfield, WI 53005
(262) 825-9203
Claims: 800-842-6172

WYOMING
Denver, CO
6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306

TRAVELERS
TRAVELERS - RMD
P.O. BOX 3556
ORLANDO FL 32802-3556

Date: 062714
Policy No:
(7PJUB-2E24569-A-14)
Effective Date: 060214

CEDENO RAMIREZ, FRANCISCO DBA
CEDENO ROOFING & WOODWORKING
90 DILLON RD APT D1
HILTON HEAD ISLAND SC 29926-3792

Dear Insured:

Welcome to the Residual Markets Division. We have received your application and premium. Your policy will be issued shortly. Please note that your binder is proof of coverage until cancelled or the policy is issued. In the meantime, should you find it necessary to file a claim, request a certificate, or communicate with us, please note the following:

For Claims Reporting:
1-800-832-7839

For Policy Services:
800-443-4404

For a certificate of insurance:
Fax a written request to:
877-634-3710

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
TRAVELERS - RMD
P.O. BOX 3556
ORLANDO FL 32802-3556

We would like to share with you information that directly impacts the premium you pay and may also impact the price you charge your clients. It is important for you to have a good understanding of your insurance costs when pricing your services to current and prospective clients. In an effort to avoid large additional premiums at the time of final audit, our endeavor is to provide you with a premium estimate that best reflects your exposure. The following information will be important in this process:

Classification and Payroll

Your employees will be classified based on your clients' operations and not on the specific duties of your employees. However, if their duties are strictly clerical, outside sales or driving, this rule will not apply. It will be important for you to maintain records that include a description of each client's operations and a list of the employees working for each client including the duties and associated payroll of all employees. We may request information from you during the policy period in order to verify classification and reasonable payroll estimates. This information will also be requested at the time of your final audit. An audit representative will contact you within the next sixty days regarding your preliminary audit.

Claims

Workers Compensation claims should be reported through our claims reporting center at 1-800-832-7839. Please have your policy number available when reporting a claim. Remember, certain states have specific time frames in which an employer must report a claim to its Workers Compensation Insurance carrier.

Loss Prevention

In an effort to promote occupational safety, we encourage you to become familiar with your clients' operations to ensure that your employees are being provided with a safe work environment. Please note, today's Workers' Compensation loss experience directly impacts your future premiums.

Please keep this information available. Reference the above policy number on any correspondence and have it available when contacting us or submitting correspondence.

It is our pleasure to work with you. If we can be of service, please call.

Sincerely,
Residual Markets Division

CC: P C AND L AGENCY INC
PO BOX 80607
CHARLESTON SC 294160607

WUNM1E08

008501

Ramirez -APA-307

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date

6/2/2014

Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Binder	6/2/2014	SANDY	TBD-GL		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	RWL	05/30/2014	6/2/2014 10:03:50AM

Type of Bus: Commercial Lines
Description: 2014-2015 GL Binder

6/3/2014

Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Policy Received	6/3/2014	SRF	AGL0013892-00		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	REW	05/30/2014	6/3/2014 1:29:20PM

Type of Bus: Commercial Lines
Description: Recd new policy, verified correct. mailed to insd.

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Premium Finance	6/3/2014	SRF	AGL0013892-00		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	REW	05/30/2014	6/3/2014 1:35:14PM

Type of Bus: Commercial Lines
Description: Recd the PAC notice of acceptance. Acct #: 566987 Also recd the letter changing from Island Prm.

6/4/2014

Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Rewrite	6/4/2014	SRF	TBD-WC		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	6/4/2014 8:38:26AM

Type of Bus: Commercial Lines
Description: Rewrite policy set up per app recd.

6/5/2014

Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Binder	6/5/2014	BLP	39-10804-14154-125 028		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	6/5/2014 1:42:14PM

Type of Bus: Commercial Lines
Description: Received the WC binder

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	6/5/2014	BLP								6/5/2014 2:11:55PM

Description: e-Form emailed to mailto:[redacted]
Pana Roofing Company,[redacted]Hilton Head, SC. 29926, Method of Distribution: Email

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	6/5/2014	BLP								6/5/2014 2:40:20PM

Description: e-Form Emailed:

Subject: Cedeno Roofing Certificate

To: [redacted]
Advar Roofing, [redacted] Hilton Head, SC, 29928, Method of Distribution: Email

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Print/Fax	6/5/2014	BLP	AGL0013892-00		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	REW	05/30/2014	6/5/2014 2:40:52PM

Type of Bus: Commercial Lines
Description: e-Form Printed/Faxed:
Advar Roofing, [redacted] Hilton Head, SC, 29928, Method of Distribution: Email

6/6/2014
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Certificate	6/6/2014	SRF	AGL0013892-00		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	REW	05/30/2014	6/6/2014 3:56:15PM

Type of Bus: Commercial Lines
Description: Cert emailed to Isabelle for:
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Print/Mail

7/22/2014
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Journal Entry	7/22/2014	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	7/22/2014 11:57:52AM

Type of Bus: Commercial Lines
Description: Work Comp Welcome Letter

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Mail Out	7/22/2014	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	7/22/2014 12:02:02PM

Type of Bus: Commercial Lines
Description: emailed the PAC to the WC carrier.

To: [redacted]
Subject: Francisco Cedeno Ramirez 7PJUB-2E24569-A-14

8/4/2014
Center: Customer Name: Francisco Cedeno Ramirez

Activity List
6/1/2014 to 4/22/2016

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Certificate	8/4/2014	SRF	AGL0013892-00		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	REW	05/30/2014	8/4/2014 10:33:13AM

Type of Bus: Commercial Lines
Description: Cert emailed to Isabelle for:
On Top Roofing, [redacted] Bluffton, SC, 29910, Method of Distribution: Email

8/20/2014
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Telephone Out	8/20/2014	ISABEL	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	8/20/2014 1:02:03PM

Type of Bus: Commercial Lines
Description: Faxed the information to Travelers, they was asking if he has any employee or subcontractors.

8/22/2014
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Mail Out	8/22/2014	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	8/22/2014 10:15:06AM

Type of Bus: Commercial Lines
Description: Eric w/ carrier called to state that the fax did not come through all the way. He asked that I email it to them.

To: [redacted]
Subject: Francisco Cedeno Ramirez 2e24569-A

Ramirez -APA-310

455

8/27/2014
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Telephone Out	8/27/2014	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	8/27/2014 3:39:05PM

Type of Bus: Commercial Lines
Description: Called & left message for Eric X3883107 again to call me concerning the cancellation eff 09/15/14. I need to know if it is being reinstated or if there are still outstanding issues.

9/5/2014
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Telephone Out	9/5/2014	ISABEL	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	9/5/2014 8:39:26AM

Type of Bus: Commercial Lines
Description: Called Travelers and spoked with Kerry, the policy was reinstate on 09/03.

9/8/2014

Agency Name: PC & L Agency, Inc.

Activity List
6/1/2014 to 4/22/2016

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Center: Customer	**Name: Francisco Cedeno Ramirez**									
Policy Change Received	9/8/2014	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	PCH	06/02/2014	9/8/2014 12:58:26PM

Type of Bus: Commercial Lines
Description: Add PAC -- recd.

9/9/2014

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Center: Customer	**Name: Francisco Cedeno Ramirez**									
Policy Received	9/9/2014	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	REW	06/02/2014	9/9/2014 10:28:22AM

Type of Bus: Commercial Lines
Description: Rewrite policy recd. verified correct.

9/25/2014

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Center: Customer	**Name: Francisco Cedeno Ramirez**									
Certificate	9/25/2014	SRF	AGL0013892-00		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	REW	05/30/2014	9/25/2014 9:47:46AM

Type of Bus: Commercial Lines
Description: Cert Faxed:
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Print/Mail

9/26/2014

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Center: Customer	**Name: Francisco Cedeno Ramirez**									
Reinstatement	9/26/2014	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	PCH	06/02/2014	9/26/2014 11:33:49AM

Type of Bus: Commercial Lines
Description: Reinstatement recd eff 09/15/14 from carrier.

10/9/2014

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Center: Customer	**Name: Francisco Cedeno Ramirez**									
Audit	10/9/2014	ISABEL	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	PCH	06/02/2014	10/9/2014 2:38:44PM

Type of Bus: Commercial Lines
Description: copy of the schedule C, just in case we need it

3/10/2015
Center: Customer Name: Francisco Cedeno Ramirez

Agency Name: PC & L Agency, Inc.

Activity List
6/1/2014 to 4/22/2016

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Certificate	3/10/2015	SRF	AGL0013892-00		Burns & Wilcox - Moreh	5/30/2014 - 5/30/2015	BRUCE	REW	05/30/2014	3/10/2015 1:37:42PM

Type of Bus: Commercial Lines
Description: Cert Faxed:
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Print/Mail

Certificate	3/10/2015	SRF	3/10/2015 1:43:32PM

Description: Cert Faxed:
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Print/Mail

E-Forms Email	3/10/2015	SRF	3/10/2015 2:53:19PM

Description: e-Form Emailed:

Subject: Certificate - Cedeno Roofing
Please find attached the certificate of insurance for the above referenced customer. This certificate represents all current coverage provided by PC&L Agency Inc. Should you have any questions, please contact our office. Have a great day.

To: [redacted]
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

E-Forms Email	3/10/2015	SRF	3/10/2015 2:55:52PM

Description: e-Form Emailed:

Subject: Certificate – Cedeno Roofing
Please find attached the certificate of insurance for the 2013/2014 term.

To: [redacted]
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

4/16/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Co	Policy Term	Exec	Tran	Effective	System Date
Renewal	4/16/2015	SRF	QUOTE7PJUB-2E2 4569-A-15	NCCI	6/2/2015 - 6/2/2016	BRUCE	RWQ	06/02/2015	4/16/2015 3:48:09PM

Type of Bus: Commercial Lines
Description: Renewal offer rec'd from carrier. $1250.00 due to renew.

4/28/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Co	Policy Term	Exec	Tran	Effective	System Date
Renewal	4/28/2015	SRF	QUOTEAGL001389 2-00	Burns & Wilcox - Moreh	5/30/2015 - 5/30/2016	BRUCE	RWQ	05/30/2015	4/28/2015 11:11:16AM

Ramirez -APA-312

457

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date

Type of Bus: Commercial Lines
Description: Emailed the renewal paperwork to Isabelle & Laura for the GL w/ the PAC for both GL & WC. Bruce approved the PAC.

Renewal Quote	4/28/2015	SRF	QUOTEAGL001389 2-00		Burns & Wilcox - Moreh	5/30/2015 - 5/30/2016	BRUCE	RWQ	05/30/2015	4/28/2015 11:35:43AM

Type of Bus: Commercial Lines
Description: General Liability Renewal Quote

5/5/2015
Center: Customer Name: Francisco Cedeno Ramirez

Binding Request	5/5/2015	SRF	QUOTEAGL001389 2-00		Burns & Wilcox - Moreh	5/30/2015 - 5/30/2016	BRUCE	RWQ	05/30/2015	5/5/2015 1:13:57PM

Type of Bus: Commercial Lines
Description: emailed the renewal paperwork to Melissa & Mitzy at Burns to bind coverage.

Premium Finance	5/5/2015	SRF	QUOTEAGL001389 2-00		Burns & Wilcox - Moreh	5/30/2015 - 5/30/2016	BRUCE	RWQ	05/30/2015	5/5/2015 1:16:08PM

Type of Bus: Commercial Lines
Description: emailed the PAC to PAC to set up new acct.

To: Premium Assignment Corp
Cc: Barbara Padgett ([redacted]; Bruce Bishop ([redacted])
Subject: Francisco Cedeno Ramirez - Cedeno Roofing

5/6/2015
Center: Customer Name: Francisco Cedeno Ramirez

Binder	5/6/2015	SRF	AGL0013892-01		Burns & Wilcox - Moreh	5/30/2015 - 5/30/2016	BRUCE	RWL	05/30/2015	5/6/2015 3:44:24PM

Type of Bus: Commercial Lines
Description: General Liability binder rec'd.

5/7/2015
Center: Customer Name: Francisco Cedeno Ramirez

Payment	5/7/2015	BLP	QUOTE7PJUB-2E2 4569-A-15		NCCI	6/2/2015 - 6/2/2016	BRUCE	RWQ	06/02/2015	5/7/2015 9:26:08AM

Type of Bus: Commercial Lines
Description: I called Travelers to upload payment of $1250.00 - conf # 864276913590721

5/8/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Premium Finance	5/8/2015	SRF	AGL0013892-01		Burns & Wilcox - Moreh	5/30/2015 - 5/30/2016	BRUCE	RWL	05/30/2015	5/8/2015 9:09:29AM

Type of Bus: Commercial Lines
Description: PAC notice of acceptance rec'd, Acct #: 182647 Also rec'd the letter changing from Island Prm.

6/2/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Journal Entry	6/2/2015	SRF	7PJUB-2E24569-A-15		NCCI	6/2/2015 - 6/2/2016	BRUCE	RWL	06/02/2015	6/2/2015 3:22:10PM

Type of Bus: Commercial Lines
Description: Per Eric at carrier the policy did renew w/ no lapse in coverage.

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	6/2/2015	SRF								6/2/2015 3:24:09PM

Description: e-Form Emailed:

Subject: Certificate -- Cedeno Roofing
Please find attached the certificate of insurance for the above referenced customer. This certificate represents all current coverage provided by PC&L Agency Inc. Should you have any questions, please contact our office. Have a great day.

To: mayriverroofinginc@hotmail.com
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

6/26/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Renewal	6/26/2015	SRF	7PJUB-2E24569-A-15		NCCI	6/2/2015 - 6/2/2016	BRUCE	RWL	06/02/2015	6/26/2015 12:40:50PM

Type of Bus: Commercial Lines
Description: Renewal policy rec'd. verified correct.

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Renewal	6/26/2015	SRF	AGL0013892-01		Burns & Wilcox - Moreh	5/30/2015 - 5/30/2016	BRUCE	RWL	05/30/2015	6/26/2015 12:48:14PM

Type of Bus: Commercial Lines
Description: Renewal policy rec'd. verified correct. sent letter w/ policy to ins'd.

7/8/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	7/8/2015	SRF								7/8/2015 10:27:01AM

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date

Description: e-Form Emailed:

Subject: Certificate – Cedeno Roofing
Please find attached the certificate that represents the 2013/2014 insurance coverage for the above referenced customer. The workers compensation coverage cancelled eff 08/31/13 & was not rewritten until 06/04/14.

To: mayriverroofinginc@hotmail.com
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

9/9/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	9/9/2015	SRF								9/9/2015 3:22:28PM

Description: e-Form Emailed:

Subject: Certificate – Francisco Cedeno Ramirez
Please find attached the certificate of insurance for the above referenced customer. This certificate represents all current coverage provided by PC&L Agency Inc. Should you have any questions, please contact our office. Have a great day.

To: mayriverroofinginc@hotmail.com
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

9/17/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Premium Audit	9/17/2015	SRF	7PJUB-2E24569-A-14		NCCI	6/2/2014 - 6/2/2015	BRUCE	PAB	06/02/2015	9/17/2015 1:04:16PM

Type of Bus: Commercial Lines
Description: Premium audit - physical rec'd. Total audit results of $352.00

10/27/2015
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	10/27/2015	SRF								10/27/2015 9:36:21AM

Description: e-Form Emailed:

Subject: Certificate – Francisco Cedeno Ramirez
Please find attached the certificate of insurance for the above referenced customer. This certificate represents all current coverage provided by PC&L Agency Inc. Should you have any questions, please contact our office. Have a great day.

To: mayriverroofinginc@hotmail.com
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

1/4/2016
Center: Customer Name: Francisco Cedeno Ramirez

Activity List
6/1/2014 to 4/22/2016

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	1/4/2016	SRF								1/4/2016 9:25:58AM

Description: e-Form Emailed:

Subject: Certificate -- Francisco Cedeno Ramirez
Please find attached the certificate of insurance for the above referenced customer. This certificate represents all current coverage provided by PC&L Agency Inc. Should you have any questions, please contact our office. Have a great day.

To: mayriverroofinginc@hotmail.com
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

1/21/2016
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Telephone Out	1/21/2016	SRF	7PJUB-2E24569-A-15		NCCI	6/2/2015 - 6/2/2016	BRUCE	RWL	06/02/2015	1/21/2016 2:34:59PM

Type of Bus: Commercial Lines
Description: Returned the call of Millie at Beaufort Memorial. Francisco is being admitted & he gave them a copy of his certificate of insurance. I told her that he is not covered under the policy b/c he opted to be excluded.

3/14/2016
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
E-Forms Email	3/14/2016	SRF								3/14/2016 8:53:00AM

Description: e-Form Emailed:

Subject: Certificate -- Francisco Cedeno Ramirez
Please find attached the certificate of insurance for the above referenced customer. This certificate represents all current coverage provided by PC&L Agency Inc. Should you have any questions, please contact our office. Have a great day.

To: mayriverroofinginc@hotmail.com
May River Roofing, Inc., P.O. Box 341, Bluffton, SC, 29910, Method of Distribution: Email

4/11/2016
Center: Customer Name: Francisco Cedeno Ramirez

Action	Date/Time	By	Policy	Claim/Loss Date	Co	Policy Term	Exec	Tran	Effective	System Date
Renewal	4/11/2016	SRF	QUOTE6JUB-9F552 32-A-16		NCCI	6/2/2016 - 6/2/2017	BRUCE	RWQ	06/02/2016	4/11/2016 11:12:55AM

Type of Bus: Commercial Lines
Description: Renewal offer rec'd. $1250.00 due to renew.

FRANCISCO CEDANO RAMIREZ v. MAY RIVER ROOFING, INC.

WCC No. : 1600686

DOI: January 22, 2016

APA COVERSHEET

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORTS	NO.
	Defendants rely on medical evidence submitted by Claimant.		

TAB	EXHIBIT	NO.
A	Certificate of Insurance for Francisco Cedano Ramirez d/b/a Cedano Roofing	317-318
B	Records from May River Roofing	319-320
C	Claimant's 2014-2015 tax returns	321-373
D	Claimant's 2013 tax returns	374-400
E	Deposition Transcript of Francisco Cedano Ramirez	
F	Deposition Transcript of Leslie Sandoval	

«matter_number» - Doc. No. «document_number»

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/9/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

PC & L Agency, Inc.
P.O. Box 80607

Charleston SC 29416

CONTACT NAME: Isabelle Diaz
PHONE (A/C, No, Ext): (843)763-1709 FAX (A/C, No): (843)763-1710
E-MAIL ADDRESS: isabelled@pclagencyinc.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Arch Specialty Ins Co	
INSURER B: Travelers Property Casualty Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Francisco Cedeno Ramirez, DBA: Cedeno Roofing &
90 Dillon Road
Apt D-1
Hilton Head SC 29926

COVERAGES CERTIFICATE NUMBER: 15/16 JUNE 15 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE; X OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY; PRO-JECT; LOC; OTHER:			AGL0013892-01	5/30/2015	5/30/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY; ANY AUTO; ALL OWNED AUTOS; SCHEDULED AUTOS; HIRED AUTOS; NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB; OCCUR; EXCESS LIAB; CLAIMS-MADE; DED; RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y; If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		7PJUB-2E24569-A-15	6/2/2015	6/2/2016	X PER STATUTE; OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

mayriverroofinginc@hotmail

May River Roofing, Inc.
P.O. Box 341
Bluffton, SC 29910

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stacey Fish/SRF Stacey Fish

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/4/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PC & L Agency, Inc. P.O. Box 80607 Charleston SC 29416	CONTACT NAME: Isabelle Diaz PHONE (A/C, No, Ext): (843)763-1709 FAX (A/C, No): (843)763-1710 E-MAIL ADDRESS: isabelled@pclagencyinc.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Arch Specialty Ins Co
INSURED Francisco Cedeno Ramirez, DBA: Cedeno Roofing & 90 Dillon Road Apt D-1 Hilton Head SC 29926	INSURER B: Travelers Property Casualty Co INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 15/16 JUNE 15 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			AGL0013892-01	5/30/2015	5/30/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS HIRED AUTOS / NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		7PJUB-2E24569-A-15	6/2/2015	6/2/2016	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
mayriverroofinginc@hotmail May River Roofing, Inc. P.O. Box 341 Bluffton, SC 29910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Stacey Fish/SRF Stacey Fish

ACORD 25 (2014/01)
INS025 (201401)

MAY RIVER ROOFING, INC.

8768

Cedeno Roofing and Woodcare Company

01/26/16	Bill #78 tomotley	01/26/16	1,500.00
01/26/16	Bill #26 Stoney C		1,940.00

By signing this I agree that May River Roofing, Inc. has paid me in full for the project(s)stated. Furthermore, by signing this I acknowledge, that I was insured during the duration of the project(s) and I wave and release any present or future claims. Further more by signing this I guarantee my workmanship for 3 years.

Subcontractor Signature

Wachovia

3,440.00

OMEGA GRAPHICS & PRINT LLC

320

I hereby acknowledge that I have received, read, and understand the Fall Protection for the Roofing Employee booklet. Furthermore, by signing bellow I acknowledge that I am responsible for the following:

1. Making sure all of your employees know that you and not May River Roofing, Inc employ them.
2. Following all of Osha regulations.
3. Providing a copy of the Fall Protection for the Roofing Employee booklet to all of your employees.

Contractor Name	Contractor Signature	Date	Supervisor Initials
Francisco Cadena	[illegible]	12-30-15	TASA
[illegible]	[illegible]	12-30-15	TASA
Anthony [illegible]	Anthony [illegible]	[illegible]-30-[illegible]	TASA
[illegible]	RA	[illegible]1-10-1[illegible]	[illegible]

FOR TAX YEAR 2014

FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO

Innova Small Business Consulting

1 Corpus Christie Place

Hilton Head Island, SC 29928

(843)686-5225

Innova Small Business Consulting

1 Corpus Christie Place
Hilton Head Island, SC 29928
innovascb@hotmail.com
Phone: (843)686-5225 | Fax: (843)686-5223

April 29, 2015

Francisco Cedeno Ramirez & Cristina Cruz Guerrero
90 Dillon Rd Apt D1
Hilton Head Island, SC 29926

Francisco Cedeno Ramirez & Cristina Cruz Guerrero:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	$1,757 Balance Due	Mail a check
South Carolina Income Tax	$58 Refund	Receive a check

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
South Carolina Income Tax

Mail payment on or before due date to the following address:

Federal Income Tax
Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Sincerely,

Mario Martinez
Innova Small Business Consulting

322

Innova Small Business Consulting

1 Corpus Christie Place
Hilton Head Island, SC 29928
innovascb@hotmail.com
Phone: (843)686-5225 | Fax: (843)686-5223

Customer Name	Customer Information	
Francisco Cedeno Ramirez & Cristina Cruz Guerrero	Invoice #	
	Date	April 29, 2015
90 Dillon Rd Apt D1	Phone	(843)338-5598
Hilton Head Island, SC 29926	E-mail	

For professional services rendered in connection with the preparation of your 2014 individual tax return.

2014 Tax Preparation	
Total Charge	260.00

			Forms Subtotal	**260.00**
Adjustments				
Disc				-160.00
			Subtotal	**100.00**
			Total Balance Due	**100.00**

Payment due upon receipt. Thank you for your business!

Form **1040** Department of the Treasury - Internal Revenue Service (99)
U.S. Individual Income Tax Return 2014

OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 | See separate instructions.

Your first name and initial: FRANCISCO	Last name: CEDENO RAMIREZ	Your social security number: [redacted]
If a joint return, spouse's first name and initial: CRISTINA	Last name: CRUZ GUERRERO	Spouse's social security number: [redacted]
Home address (number and street): 90 DILLON RD	Apt. no.: D1	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): HILTON HEAD ISLAND SC 29926		Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county · Foreign postal code	

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☒ Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
Statement #1			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶☒

No. of children on 6c who: • lived with you: 4
• did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above: 1

d Total number of exemptions claimed — Add numbers on lines above ▶ 7

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	3,632
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	40,006
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions 15a — b Taxable amount	15b	
16a	Pensions and annuities 16a — b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a — b Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	43,638

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27	2,827		
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	2,827
37	Subtract line 36 from line 22. This is your adjusted gross income ▶			37	40,811

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

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Form 1040 (2014)

Form 1040 (2014) FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRE [redacted] Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	40,811
	39a	Check if: ☐ You were born before January 2, 1950, ☐ Blind. ☐ Spouse was born before January 2, 1950, ☐ Blind. Total boxes checked ▶ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐			
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,200 Married filing jointly or Qualifying widow(er), $12,400 Head of household, $9,100	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	12,400
	41	Subtract line 40 from line 38		41	28,411
	42	Exemptions. If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see instructions		42	27,650
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	761
	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		44	76
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	76
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52 76		
	53	Residential energy credit. Attach Form 5695	53		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54		
	55	Add lines 48 through 54. These are your total credits		55	76
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	0
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	5,653
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☐		61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)		62	
	63	Add lines 56 through 62. This is your total tax ▶		63	5,653
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64 3		
	65	2014 estimated tax payments and amount applied from 2013 return	65		
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a		NO
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67 3,924		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ Reserved d ☐	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶		74	3,927
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ ☐		76a	
Direct deposit? See instructions.	▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings			
	▶ d	Account number			
	77	Amount of line 75 you want applied to your 2015 estimated tax ▶	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	1,757
	79	Estimated tax penalty (see instructions)	79 31		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No
Designee's name ▶ Mario Martinez Phone no. ▶ 843-686-5225 Personal identification number (PIN) ▶ [redacted]

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
[redacted]	04-29-2015	SELFEMPLOYED	843-338-5598
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)
[redacted]	04-29-2015		

Paid Preparer Use Only

Preparer's signature	Date 04-29-2015	Check ☐ if self-employed	PTIN [redacted]
Print/Type preparer's name	Mario Martinez		
Firm's name ▶	Innova Small Business Consulting	Firm's EIN ▶	[redacted]
Firm's address ▶	1 Corpus Christie Place Hilton Head Island, SC 29928	Phone no.	843-686-5225

EEA Form 1040 (2014)

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014

Attachment Sequence No. 09

Name of proprietor: FRANCISCO CEDENO RAMIREZ

Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): ROOFING CONTRACTOR

B Enter code from instructions ▶ [redacted]

C Business name. If no separate business name, leave blank.: CEDENO ROOFING AND WOODWORKING

D Employer ID number (EIN), (see instr.) [redacted]

E Business address (including suite or room no.) ▶ 90 DILLON RD APT D1

City, town or post office, state, and ZIP code: HILTON HEAD ISLAND SC 29926

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . [X] Yes [ ] No

H If you started or acquired this business during 2014, check here ▶ [ ]

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [X] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	106,094
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	106,094
4	Cost of goods sold (from line 42)	4	1,600
5	Gross profit. Subtract line 4 from line 3	5	104,494
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	104,494

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	23,729	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	2,325
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	444	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	860
15	Insurance (other than health)	15	6,800	23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	1,000
17	Legal and professional services	17		25	Utilities	25	1,200
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	28,130
				b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	64,488
29	Tentative profit or (loss). Subtract line 28 from line 7	29	40,006
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	40,006

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Schedule C (Form 1040) 2014

EEA

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Schedule C (Form 1040) 2014 ROOFING CONTRACTOR 238160 Page **2**

Name(s): FRANCISCO CEDENO RAMIREZ

SSN: [redacted]

Part III — Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [ ] Yes [X] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	1,600
39	Other costs	39	
40	Add lines 35 through 39	40	1,600
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1,600

Part IV — Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business ______ b Commuting (see instructions) ______ c Other ______

45 Was your vehicle available for personal use during off-duty hours? [ ] Yes [ ] No

46 Do you (or your spouse) have another vehicle available for personal use? [ ] Yes [ ] No

47 a Do you have evidence to support your deduction? [ ] Yes [ ] No

b If "Yes," is the evidence written? [ ] Yes [ ] No

Part V — Other Expenses. List below business expenses not included on lines 8-26 or line 30.

TOOLS	12,300
SECURITY GEAR	1,850
GATED COMMUNITY PASSES	2,500
CELLPHONE	1,440
EQUIPMENT	1,200
WASTE SERVICES	8,840
48 Total other expenses. Enter here and on line 27a (48)	28,130

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EEA Schedule C (Form 1040) 2014

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
▶ Attach to Form 1040 or Form 1040NR.

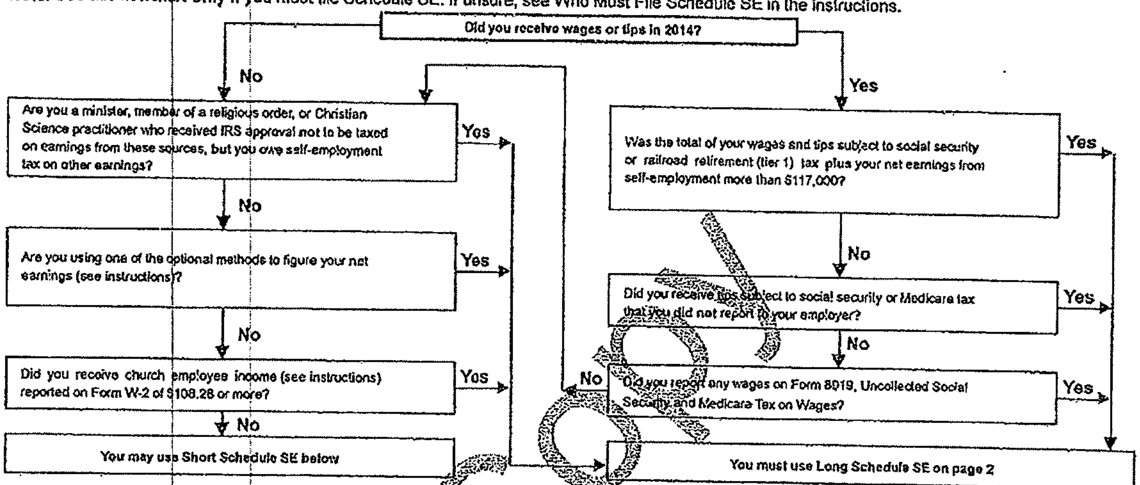
OMB No. 1545-0074
2014
Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of person with self-employment income ▶
FRANCISCO CEDENO RAMIREZ	[redacted]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	40,006
3	Combine lines 1a, 1b, and 2	3	40,006
4	Multiply line 3 by 92.35% (.9235). If less than $400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶ **Note.** If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	36,946
5	**Self-employment tax.** If the amount on line 4 is: • $117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 57,** or **Form 1040NR, line 55** • More than $117,000, multiply line 4 by 2.9% (.029). Then, add $14,508 to the result. Enter the total here and on **Form 1040, line 57, or Form 1040NR, line 55**	5	5,653
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** — 6: 2,827		

For Paperwork Reduction Act Notice, see your tax return instructions.
EEA

Schedule SE (Form 1040) 2014

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Form **8965**

Department of the Treasury
Internal Revenue Service

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

OMB No. 1545-0074
2014
Attachment Sequence No. 75

Name as shown on return: FRANCISCO CEDENO RAMIREZ
Your social security number: [redacted]

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals:** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions for Your Household Claimed on Your Return:**

7a Are you claiming an exemption because your household income is below the filing threshold? . . . . ☐ Yes ☒ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . ☐ Yes ☒ No

Part III **Coverage Exemptions for Individuals Claimed on Your Return:** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	l Aug	m Sept	n Oct	o Nov	p Dec
8	FRANCISCO CEDENO RAMIR	[redacted]	G	X												
9	CRISTINA CRUZ GUERRERO	[redacted]	G	X												
10	COLUMBA RAMIREZ RANGEL	[redacted]	G	X												
11	ANTHONY CEDENO	[redacted]	G	X												
12	RENZO CEDENO	[redacted]	G	X												
13	FRANCISCO CEDENO	[redacted]	G	X												

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Form **8965**

Department of the Treasury
Internal Revenue Service

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

OMB No. 1545-0074
2014
Attachment Sequence No. 75

Name as shown on return: FRANCISCO CEDENO RAMIREZ
Your social security number: [redacted]

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals:** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions for Your Household Claimed on Your Return:**

7a Are you claiming an exemption because your household income is below the filing threshold? . . . . ☐ Yes ☐ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . ☐ Yes ☐ No

Part III **Coverage Exemptions for Individuals Claimed on Your Return:** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	l Aug	m Sept	n Oct	o Nov	p Dec
8	[redacted]	[redacted]	G	X												
9																
10																
11																
12																
13																

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

EEA

SCHEDULE 8812
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.

OMB No. 1545-0074

2014

Attachment Sequence No. 47

Name(s) shown on return: FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO

Your social security number: [redacted]

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

! CAUTION Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here . . . . . ▶ ☐

Part II Additional Child Tax Credit Filers

1	1040 filers: Enter the amount from line 8 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49). If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		1	4,000
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49		2	76
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit		3	3,924
4a	Earned income (see separate instructions)	4a 40,811		
b	Nontaxable combat pay (see separate instructions) 4b			
5	Is the amount on line 4a more than $3,000? ☐ No. Leave line 5 blank and enter -0- on line 6. ☒ Yes. Subtract $3,000 from the amount on line 4a. Enter the result	5 37,811		
6	Multiply the amount on line 5 by 15% (.15) and enter the result		6	5,672

Next. Do you have three or more qualifying children?

☐ No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.

☒ Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040A or 1040) 2014

EEA

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7		
8	**1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. **1040A filers:** Enter -0-. **1040NR filers:** Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8		
9	Add lines 7 and 8	9		
10	**1040 filers:** Enter the total of the amounts from Form 1040, lines 66a and 71. **1040A filers:** Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). **1040NR filers:** Enter the amount from Form 1040NR, line 67.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-		11	
12	Enter the larger of line 6 or line 11. Next, enter the smaller of line 3 or line 12 on line 13.		12	

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	3,924

Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.

Form **4562** Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FRANCISCO CEDENO RAMIREZ & CRIST	SCHEDULE C - 1	[redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	370
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property		(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property	Statement #3						74
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property				25 yrs.		S/L	
h Residential rental property				27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i Nonresidential real property				39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life						S/L	
b 12-year				12 yrs.		S/L	
c 40-year				40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	444
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2014)

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No | 24b If "Yes," is the evidence written? [ ] Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
FORD ECOLINE	01012014	100.0%						
DODGE RAM 350	01012014	100.0%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do **not** include commuting miles)	21,216		19,784									
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	21,216		19,784									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?	X		X									
35 Was the vehicle used primarily by a more than 5% owner or related person?	X		X									
36 Is another vehicle available for personal use?	X		X									

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Payment Voucher Filing Instructions 2014

Date to file by:	04-15-2015
Payment:	$1,757
Address to file:	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Other Instructions:	If paper-filing your 2014 return, mail the tax return, voucher, and check to the address on the voucher. Do not staple the voucher and payment to the return or to each other. If your return was e-filed, mail the voucher and check to the address on the voucher. Make your check or money order payable to "United States Treasury". Enter your SSN and "2014 Form 1040" on your check or money order. To pay by credit card, go to www.1040paytax.com.

Taxpayer Records:

Amount Paid ________________

Check Number ________________

Date Mailed ________________

Form 1040-V (2014)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V** Department of the Treasury Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074 **2014**

1 Your social security number (SSN)	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars	Cents
[redacted]	[redacted]		1,757	

EEA

FRANCISCO CEDENO RAMIREZ & CRISTINA
90 DILLON RD APT D1
HILTON HEAD ISLAND, SC 29926

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

For Paperwork Reduction Act Notice, see your tax return instructions.

917711920 ZJ CEDE 30 0 201412 610

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Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074

2014

Submission Identification Number (SID) ▶ [redacted]

Taxpayer's name: FRANCISCO CEDENO RAMIREZ — Social security number: [redacted]

Spouse's name: CRISTINA CRUZ GUERRERO — Spouse's social security number: [redacted]

Part I — Tax Return Information - Tax Year Ending December 31, 2014 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	40,811
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	5,653
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	3
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	1,757

Part II — Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize Innova Small Business Consu to enter or generate my PIN [redacted] (Enter five digits, but do not enter all zeros)
ERO firm name
as my signature on my tax year 2014 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ______ Date ▶ 04-29-2015

Spouse's PIN: check one box only

[X] I authorize Innova Small Business Consu to enter or generate my PIN [redacted] (Enter five digits, but do not enter all zeros)
ERO firm name
as my signature on my tax year 2014 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ______ Date ▶ 04-29-2015

Practitioner PIN Method Returns Only - continue below

Part III — Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted]
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ ______ Date ▶ 04-29-2015

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

336 Form 8879 (2014)

Form 9325
(Rev. January 2014)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name FRANCISCO CEDENO RAMIREZ & CRISTINA

Taxpayer address (optional)
90 DILLON RD APT D1
HILTON HEAD ISLAND, SC 29926

1. [X] Your federal income tax return for 2014 was filed electronically with the PHILADELPHIA Submission Processing Center. The electronic filing services were provided by Innova Small Business Consult

2. [ ] Your return was accepted on ______ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is ______.

3. [ ] Your return was accepted on ______. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. [ ] Your electronic funds withdrawal payment was accepted.

5. [ ] Your electronic funds withdrawal payment was not accepted. You must pay the balance due by the prescribed due date. Refer to the "If You Owe Tax" section.

6. [ ] Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on ______. The Submission ID assigned to your extension is ______.

PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. Use **Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRER

Federal Supporting Statements

2014 PG01

Name(s) as shown on return: FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO

Your Social Security Number: [redacted]

FORM 1040 - LINE 6C - EXEMPTIONS

Statement #1

FIRST NAME	LAST NAME	SSN	RELATIONSHIP	CHILD TAX CREDIT
[redacted]	[redacted]	[redacted]	PARENT	
			SON	X
			SON	X
			SON	X
			DAUGHTER	X

PG01

FORM 4562 - LINE 19B

Statement #3

BASIS	RP	CV	METHOD	DEDUCTION
300	5	HY		60
40	5	HY		8
30	5	HY		6
TOTAL				74

1024

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2014 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 7/29/14)
3075

Your social security number	Check if deceased ☐
[redacted]	
Spouse's social security number	Check if deceased ☐
[redacted]	

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2014, or fiscal tax year beginning 2014 and ending 2015

Print your first name and initial: FRANCISCO	Last name: CEDENO RAMIREZ			Suff.
Spouse's first name, if married filing jointly: CRISTINA	Last name: CRUZ GUERRERO			
Check if new address ☐	Mailing address (number and street, Apt. no or P.O. Box) Foreign address, see instructions: 90 DILLON RD		D1	County code: 07
City: HILTON HEAD ISLAND	State: SC	Zip: 29926	Area code / Daytime telephone: 843-338-5598	
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)			

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ▶ ☐
Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual ▶ ☐
Check this box if you have filed a federal or state extension ▶ ☐
Check this box if you served in a Military COMBAT ZONE during the filing period ☐
Enter the name of the combat zone:
Check this box if this return is affected by a federally declared DISASTER AREA ☐
Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☐ Single
(2) ☒ Married filing jointly
(3) ☐ Married filing separately. **Enter spouse's SSN here:**
(4) ☐ Head-of-household
(5) ☐ Widow(er) with dependent child

Federal Exemptions
Enter the number of exemptions from your 2014 federal return ▶ 7
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014 ▶ 2
Enter the number of taxpayers age 65 or older, as of December 31, 2014 ▶

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
[redacted]	[redacted]	[redacted]	PARENT	[redacted]
[redacted]	[redacted]	[redacted]	SON	[redacted]
[redacted]	[redacted]	[redacted]	SON	[redacted]
[redacted]	[redacted]	[redacted]	SON	[redacted]

30751028

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CEDENO RAMIREZ [redacted]

INCOME AND ADJUSTMENTS

2014

					Dollars
1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below ▶			1	761 00
	ADDITIONS TO FEDERAL TAXABLE INCOME				
a	State tax addback, if itemizing on federal return (See instructions) ▶	a	00		
b	Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other ________ ▶	b	00		
c	Expenses related to National Guard and Military Reserve income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e	Other additions to income. Attach an explanation (See instructions) ▶	e	296 00		FD/ST Depr Di
2	Add lines a through e and enter the total here. These are your total additions ▶			2	296 00
3	Add lines 1 and 2 and enter the total here			3	1,057 00
	SUBTRACTIONS FROM FEDERAL TAXABLE INCOME				Dollars
f	State tax refund, if included on your federal return ▶	f	00		
g	Total and permanent disability retirement income, if taxed on your federal return ▶	g	00		
h	Out-of-state income/gain - Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other ________ ▶	h	00		
i	44% of net capital gains held for more than one year (See instructions) ▶	i	00		
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other ________ ▶	j	00		
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions) ▶	k	00		
l	Active Trade or Business Income deduction (See instructions) ▶	l	00		
m	Interest income from obligations of the US government	m	00		
n	Certain nontaxable National Guard or Reserve Pay (See instructions) ▶	n	00		
o	Social security and/or railroad retirement, if taxed on your federal return ▶	o	00		
p	Caution: Retirement Deduction (See instructions)				
p-1	Taxpayer: date of birth ________ ▶	p-1	00		
p-2	Spouse: date of birth ________ ▶	p-2	00		
p-3	Surviving spouse #1: date of birth of deceased spouse ________	p-3	00		
p-4	Surviving spouse #2: date of birth of deceased spouse ________	p-4	00		
q	Age 65 and older deduction (See instructions)				
q-1	Taxpayer: date of birth ________ ▶	q-1	00		
q-2	Spouse: date of birth ________ ▶	q-2	00		
r	Negative amount of federal taxable income ▶	r	00		
s	Subsistence allowance ____ days @ $8.00 ▶	s	00		
t	Dependents under the age of 6 years on December 31 of the tax year ▶	t	7,900 00		
u	Consumer Protection Services ▶	u	00		
v	Other subtractions (See instructions) ▶	v	00		
4	Add lines f through v and enter here. These are your total subtractions ▶			4	< 7,900 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX ▶			5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	00		
7	TAX on Lump Sum Distribution (Attach SC4972) ▶	7	00		
8	TAX on Active Trade or Business Income (Attach I-335) ▶	8	00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts ▶	9	00		
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX			10	00
11	Child and Dependent Care (See instructions) ▶	11	00		
12	Two Wage Earner Credit (See instructions) ▶	12	25 00		
13	Other non-refundable credits. Attach SC1040TC and other state return(s) ▶	13	00		
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here			14	25 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here			15	0 00

30752026

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CEDENO RAMIREZ [redacted]

2014

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	58 00	20 Other SC withholding (Attach Form 1099)	00
17 2014 estimated tax payments	00	21 Tuition tax credit (Attach I-319)	00
18 Amount paid with extension	00		
19 NR sale of real estate	00	22 Other refundable credit(s)	00

Check type: ☐ Anhydrous Ammonia (Attach I-333) ☐ Milk Credit (Attach I-334) ☐ Classroom Teacher Expenses (Attach I-360)

23	Add lines 16 through 22 and enter the total here . . . These are your TOTAL PAYMENTS	23	58 00
24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	24	58 00
25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25	00
26	USE TAX due on internet, mail-order or out-of-state purchases ▶ 26 0 00		
	Use tax is based on your county's sales tax rate. See instructions for more information. **If you certify that no use tax is due, check here** ☒		
27	Amount of line 24 to be credited to your 2015 Estimated Tax ▶ 27 00		
28	Total Contributions for Check-offs (Attach I-330) ▶ 28 00		
29	Add lines 26 through 28 and enter the total here	29	00
30	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the **AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required)** . . . REFUND ▶	30	58 00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ▶ ☐ Direct Deposit (30b required) ▶ ☐ Debit Card* ▶ ☒ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) — Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) — 1-17 digits

31	Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	00
32	Late filing and/or late payment: Penalties ____ Interest ____ (See instructions) Enter total here ▶	32	00
33	Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐ ▶	33	00
34	Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE ▶	34	00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature — Date 04-29-2015 — Spouse's signature (If married filing jointly, BOTH must sign)

Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ — Preparer's printed name: Mario Martinez

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only

Preparer signature — Date 04-29-2015 — Check if self-employed ☐ — PTIN [redacted]

Firm name (or yours if self-employed) and address and Zip Code: Innova Small Business Consulting, 1 Corpus Christie Place, Hilton Head Island SC 29928

FEIN [redacted]

Phone No. 843-686-5225

MAIL TO: REFUNDS OR ZERO TAX — **SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100**

BALANCE DUE — **Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105**

30753024

342

*****KEEP FOR YOUR RECORDS*****

TWO WAGE EARNER CREDIT WHEN BOTH SPOUSES WORK

Your filing status must be married filing jointly to claim this credit.

Line 12 TWO WAGE EARNER CREDIT (MARRIED COUPLE)

This credit can only be claimed by a married couple filing jointly when both spouses have earned income taxed to South Carolina. This credit is not allowed on returns with a filing status of single, married filing separately or head of household. Do not include gambling or bingo winnings reported on federal form W-2G.

Example - You earned a salary taxed to South Carolina of $20,000. Your spouse earned $17,000 taxed to South Carolina and had an IRA deduction taxed to South Carolina of $1,000. Your SC qualified earned income is $20,000 and your spouse's is $16,000 ($17,000 minus $1,000). Because your spouse's qualified earned income is less than yours, the credit is based on your spouse's income. Therefore, the credit is $112 ($16,000 x .007).

Compute your earned income separately for yourself and your spouse. South Carolina earned income is generally income you receive for services you provide. It includes wages, salaries, tips, commissions and sub-pay. It also includes income earned from self-employment, business income or loss, partnership income or loss, farm income or loss and any other earned income taxed to South Carolina. Earned income does not include gambling or bingo winnings, interest, dividends, Social Security benefits, IRA distribution, unemployment compensation, deferred compensation or non-taxable income. **It also does not include any amount your spouse paid you.**

	(a) You	(b) Your Spouse
1. Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, Column B, line 1 or federal form (Do not include pensions or annuities.)	0	3,632
2. Net profit or (loss) from self-employment (from Schedule C and on Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina.	40,006	0
3. Add lines 1 and 2. This is your total earned income taxed to SC.	40,006	3,632

South Carolina qualified earned income. This is the amount on which the credit is based. Compute it by subtracting certain adjustments from South Carolina earned income. The adjustments are:

- One half of self-employment tax
- Self-employed SEP, simple, and qualified plans
- Self-employed health insurance deduction
- IRA deduction
- Repayment of sub-pay

	(a) You	(b) Your Spouse
4. Add amounts entered on federal Form 1040. If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, 26 and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income.	2,827	0
5. Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit.	37,179	3,632

Compute the credit

6. Enter the smaller of 5(a) or 5(b). **Do not enter more than $30,000.**	3,632
7. Multiply the amount on line 6 by .007. **Do not enter more than $210.** Enter the amount here and on SC1040, line 12.	25

State Depreciation Difference

State Income Adjustment
due to differences in depreciation between the Federal and State
(Keep for your records)

2014

Name(s) as shown on return: FRANCISCO CEDENO RAMIREZ & CRISTINA

Identification number: [redacted]

Taxpayer/Business

	Federal	State Portion	Difference
Bonus Depreciation	370	0	370
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	74	148	(74)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	444	148	296

Spouse

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	0	0	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	0	0	0

Combined Totals

	Federal	State Portion	Difference
Bonus Depreciation	370	0	370
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	74	148	(74)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	444	148	296

Form **4562**

South Carolina

Depreciation and Amortization

(Including Information on Listed Property)

Note: SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

► Attach to your return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2014

Name(s) shown on return	Business or activity to which this form relates	Identification number
FRANCISCO CEDENO RAMIREZ & CRIST	SCHEDULE C - 1	[redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	740
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	Statement #2		5			148
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	148
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

345

Attach to Form SC1040
Additional Dependent Listing

2014

Name(s)	Social security number
FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO	[redacted]

First Name	Last Name	SSN	Relationship	Date of birth
[redacted]	[redacted]	[redacted]	DAUGHTER	[redacted]

SCDEP.LD

1024

5 7 7 7 0 7 0 1 7 0 0

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453
(Rev. 7/30/14)
3299

Please print or type.

Your first name and initial / Last name: FRANCISCO CEDENO RAMIREZ
Your social security number: [redacted]

If joint return, spouse's first name and initial / Last name, if different: CRISTINA CRUZ GUERRERO
Spouse's social security number: [redacted]

Home address (number and street, apt. number or RR): 90 DILLON RD APT D1
Daytime telephone #: 843-338-5598
Tax Year **2014**

City, town or post office, state and ZIP code: HILTON HEAD ISLAND, SC 29926

DO NOT MAIL

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income (SC1040, line 1)	1	761	00
2. Net SC tax (SC1040, line 15)	2		00
3. Use Tax	3		00
4. Total Tax	4		00
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5	58	00
6. Tuition Tax Credit (SC1040, line 21)	6		00
7. Refund (SC1040, line 30)	7	58	00
8. Amount you owe (SC1040, line 34)	8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See Instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE

9. Routing transit number (RTN) — The first two numbers of the RTN must be 01 through 12 or 21 through 32.

10. Bank account number (BAN)

11. Type of account: ☐ Checking ☐ Savings

12. Withdrawal Date   Withdrawal Amount $

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

13. ☐ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the items of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-896-1715.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

KEEP FOR YOUR RECORDS

Sign Here ____ Your signature   Date 04-29-2015   ____ Spouse's signature (If joint, BOTH must sign)   Date 04-29-2015

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only
ERO signature — Date 04-29-2015 — Check if also paid preparer ☒ — Check if self-employed ☐ — PTIN [redacted]
Firm name (or yours if self-employed) and address: Innova Small Business Consulting, 1 Corpus Christie Place, Hilton Head Island SC — FEIN — Zip code 29928

Paid Preparer's Use Only
Preparer signature — Date — Check if self-employed ☐ — PTIN
Firm name (or yours if self-employed) and address — FEIN — ZIP code

347

494

1024

[redacted]

KEEP FOR YOUR RECORDS

Line t DEPENDENTS UNDER SIX YEARS OF AGE

An additional deduction is allowed for each dependent claimed on the federal income tax return who had not reached the age of six by December 31 of the tax year. Birthdate(s) and Social Security number(s) are required.

Birth Date [redacted] SSN [redacted]

Birth Date [redacted] SSN [redacted]

Use the following worksheet to compute the deduction:

Federal personal exemption amount 3,950

Number of dependents claimed on your federal return who had not reached age six during the tax year . . . . x 2

Allowable deduction; enter this amount on line t 7,900

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ~~MAY RIVER ROOFING~~, INC. P.O. Box 341 Bluffton, SC 29910 (843) 815-4808 (843) 815-2699 FAX		1 Rents $ 2 Royalties $	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income
		3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number [redacted]	RECIPIENT'S identification number [redacted]	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code Cedeno Roofing and Woodcare Company 90 Dillon Rd APt K-2 Hilton Head, SC 29926		7 Nonemployee compensation $ 106094.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
		11	12	
Account number (see instructions)		13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $ 349

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MAY RIVER ROOFING, INC. P.O. Box 341 Bluffton, SC 29910 (843) 815-4808 (843) 815-2699 FAX	1 Rents $ 2 Royalties $	OMB No. 1545-0115 2014 Form 1099-MISC	**Miscellaneous Income**
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number: [redacted] RECIPIENT'S identification number: [redacted]	5 Fishing boat proceeds $	6 Medical and health care payments $	**Copy 2** To be filed with recipient's state income tax return, when required.
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code Cedeno Roofing and Woodcare Company 90 Dillon Rd APt K-2 Hilton Head, SC 29926	7 Nonemployee compensation $ 106094.00	8 Substitute payments in lieu of dividends or interest $	
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

350

b Employer identification number (EIN) [redacted]
c Employer's name, address, and ZIP code
MAID FOR YOU OF HILTON HEAD, INC.
32 RUSTY RAIL LN
HILTON HEAD ISLA SC 29926-2560

e Employee's first name and initial | Last name | Suff.

CRISTINA CRUZ
APT. K2
90 DILLON ROAD
HILTON HEAD ISLAND SC 29926-3793

f Employee's address and ZIP code

1 Wages, tips, other compensation 3632.00	2 Federal income tax withheld 3.00
3 Social security wages 3632.00	4 Social security tax withheld 225.18
5 Medicare wages and tips 3632.00	6 Medicare tax withheld 52.66
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	13 Statutory employee / Retirement plan / Third-party sick pay
14 Other	

12a See instructions for box 12 $
12b $
12c $
12d $
12e $

This information is being furnished to the Internal Revenue Service.

Copy B To Be Filed With Employee's FEDERAL Tax Return.

a Employee's social security number [redacted]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
SC	[redacted]	3632.00	58.46			

Form W-2 Wage and Tax Statement 2014 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return.

b Employer identification number (EIN) 33-1192975
c Employer's name, address, and ZIP code
MAID FOR YOU OF HILTON HEAD, INC.
32 RUSTY RAIL LN
HILTON HEAD ISLA SC 29926-2560

e Employee's first name and initial | Last name | Suff.
0180650

CRISTINA CRUZ
APT. K2
90 DILLON ROAD
HILTON HEAD ISLAND SC 29926-3793

f Employee's address and ZIP code

1 Wages, tips, other compensation 3632.00	2 Federal income tax withheld 3.00
3 Social security wages 3632.00	4 Social security tax withheld 225.18
5 Medicare wages and tips 3632.00	6 Medicare tax withheld 52.66
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	13 Statutory employee / Retirement plan / Third-party sick pay
14 Other	

12a $
12b $
12c $
12d $
12e $

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's social security number [redacted]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
SC	[redacted]	3632.00	58.46			

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Form W-2 Wage and Tax Statement 2014 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) [redacted] | 12a | 1 Wages, tips, other compensation | 2 Federal income tax withheld

FOR TAX YEAR 2015

FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO

INNOVA

1 CORPUS CHRISTIE PL STE 104

Hilton Head Island, SC 29928

(843)686-5225

Form 1040 (2015) FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRE [redacted] Page 2

Tax and Credits

38	Amount from line 37 (adjusted gross income)			38	40,713
39a	Check if: ☐ You were born before January 2, 1951, ☐ Blind. ☐ Spouse was born before January 2, 1951, ☐ Blind. Total boxes checked ▶ 39a				
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐				
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40	12,600
41	Subtract line 40 from line 38			41	28,113
42	Exemptions. If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instructions			42	28,000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	113
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44	11
45	Alternative minimum tax (see instructions). Attach Form 6251			45	
46	Excess advance premium tax credit repayment. Attach Form 8962			46	
47	Add lines 44, 45, and 46 ▶			47	11
48	Foreign tax credit. Attach Form 1116 if required	48			
49	Credit for child and dependent care expenses. Attach Form 2441	49			
50	Education credits from Form 8863, line 19	50			
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Child tax credit. Attach Schedule 8812, if required	52	11		
53	Residential energy credit. Attach Form 5695	53			
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54			
55	Add lines 48 through 54. These are your total credits			55	11
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56	0

Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,250

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	6,190
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☐	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax ▶	63	6,190

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64			
65	2015 estimated tax payments and amount applied from 2014 return	65			
66a	Earned income credit (EIC)	66a			NO
b	Nontaxable combat pay election 66b				
67	Additional child tax credit. Attach Schedule 8812	67	3,989		
68	American opportunity credit from Form 8863, line 8	68			
69	Net premium tax credit. Attach Form 8962	69			
70	Amount paid with request for extension to file	70			
71	Excess social security and tier 1 RRTA tax withheld	71			
72	Credit for federal tax on fuels. Attach Form 4136	72			
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73			
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶			74	3,989

If you have a qualifying child, attach Schedule EIC.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	76a	
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
77	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77		

Direct deposit? See instructions.

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶			78	2,241
79	Estimated tax penalty (see instructions)	79	40		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No
Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature [redacted] | Date 02-13-2016 | Your occupation SELFEMPLOYED | Daytime phone number 843-338-5598

Spouse's signature. If a joint return, both must sign. [redacted] | Date 02-13-2016 | Spouse's occupation | Identity Protection PIN (see inst.)

Paid Preparer Use Only

Preparer's signature | Date 02-13-2016 | Check ☐ if self-employed | PTIN [redacted]

Print/Type preparer's name LIZETH MACARENA

Firm's name ▶ INNOVA | Firm's EIN ▶ [redacted]

Firm's address ▶ 1 CORPUS CHRISTIE PL STE 104 Hilton Head Island, SC 29928 | Phone no. 843-686-5225

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EEA Form 1040 (2015)

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2015
Attachment Sequence No. 09

Name of proprietor: FRANCISCO CEDENO RAMIREZ
Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): ROOFING CONTRACTOR
B Enter code from instructions ▶ [redacted]

C Business name. If no separate business name, leave blank: CEDENO ROOFING AND WOODWORKING
D Employer ID number (EIN), (see instr.): [redacted]

E Business address (including suite or room no.) ▶ 90 DILLON RD APT D1
City, town or post office, state, and ZIP code: HILTON HEAD ISLAND SC 29926

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) — [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? — [ ] Yes [X] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	232,327
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	232,327
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	232,327
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	232,327

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	1,700	18	Office expense (see instructions)	18	3,980
9	Car and truck expenses (see instructions)	9	27,180	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	1,840
12	Depletion	12		b	Other business property	20b	9,860
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	290	21	Repairs and maintenance	21	14,600
				22	Supplies (not included in Part III)	22	24,950
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel, meals, and entertainment:		
				a	Travel	24a	4,655
15	Insurance (other than health)	15	8,650	b	Deductible meals and entertainment (see instructions)	24b	4,775
16	Interest:			25	Utilities	25	4,893
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	1,250
b	Other	16b		27 a	Other expenses (from line 48)	27a	74,946
17	Legal and professional services	17	4,950	b	Reserved for future use	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	188,519
29	Tentative profit or (loss). Subtract line 28 from line 7	29	43,808
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ____ and (b) the part of your home used for business: ____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	43,808

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.
EEA

Schedule C (Form 1040) 2015

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Client Copy

Name(s): FRANCISCO CEDENO RAMIREZ

SSN: [redacted]

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

TOOLS	28,540
SECURITY GEAR	4,200
GATED COMMUNITY PASSES	4,800
CELLPHONE	2,556
EQUIPMENT	9,250
WASTE SERVICES	16,500
ROOFING COURSES	6,600
UNIFORMS	2,500
48 Total other expenses. Enter here and on line 27a 48	74,946

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SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR): FRANCISCO CEDENO RAMIREZ

Social security number of person with self-employment income ▶ [redacted]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.

Did you receive wages or tips in 2015?

No → Are you a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, but you owe self-employment tax on other earnings? — Yes → You must use Long Schedule SE on page 2

No → Are you using one of the optional methods to figure your net earnings (see instructions)? — Yes → You must use Long Schedule SE on page 2

No → Did you receive church employee income (see instructions) reported on Form W-2 of $108.28 or more? — Yes → You must use Long Schedule SE on page 2

No → You may use Short Schedule SE below

Yes → Was the total of your wages and tips subject to social security or railroad retirement (tier 1) tax plus your net earnings from self-employment more than $118,500? — Yes → You must use Long Schedule SE on page 2

No → Did you receive tips subject to social security or Medicare tax that you did not report to your employer? — Yes → You must use Long Schedule SE on page 2

No → Did you report any wages on Form 8919, Uncollected Social Security and Medicare Tax on Wages? — Yes → You must use Long Schedule SE on page 2; No → Are you a minister, member of a religious order, or Christian Science practitioner…

Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	43,808
3	Combine lines 1a, 1b, and 2	3	43,808
4	Multiply line 3 by 92.35% (.9235). If less than $400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶ **Note.** If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	40,457
5	**Self-employment tax.** If the amount on line 4 is: • $118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than $118,500, multiply line 4 by 2.9% (.029). Then, add $14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	6,190
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 — 6: 3,095		

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

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SCHEDULE 8812 (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.

OMB No. 1545-0074
2015
Attachment Sequence No. 47

Name(s) shown on return: FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO

Your social security number: [redacted]

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

! CAUTION *Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here . . . . ▶ ☐

Part II Additional Child Tax Credit Filers

1	If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit. If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise: **1040 filers:** Enter the amount from line 8 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52). **1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). **1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).	1	4,000
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	11
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit	3	3,989
4a	Earned income (see separate instructions) **4a** 40,713		
b	Nontaxable combat pay (see separate instructions) **4b**		
5	Is the amount on line 4a more than $3,000? ☐ **No.** Leave line 5 blank and enter -0- on line 6. ☒ **Yes.** Subtract $3,000 from the amount on line 4a. Enter the result . . **5** 37,713		
6	Multiply the amount on line 5 by 15% (.15) and enter the result	6	5,657
	Next. Do you have three or more qualifying children? ☐ **No.** If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. ☒ **Yes.** If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7		
8	**1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. **1040A filers:** Enter -0-. **1040NR filers:** Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8		
9	Add lines 7 and 8	9		
10	**1040 filers:** Enter the total of the amounts from Form 1040, lines 66a and 71. **1040A filers:** Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). **1040NR filers:** Enter the amount from Form 1040NR, line 67.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-		11	
12	Enter the larger of line 6 or line 11		12	
	Next, enter the smaller of line 3 or line 12 on line 13.			

Part IV Additional Child Tax Credit

13	**This is your additional child tax credit**	13	3,989

Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.

Form **8965**

Department of the Treasury
Internal Revenue Service

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

OMB No. 1545-0074

2015

Attachment Sequence No. 75

Name as shown on return: FRANCISCO CEDENO RAMIREZ

Your social security number: [redacted]

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7a Are you claiming an exemption because your household income is below the filing threshold? . . . . ☐ Yes ☒ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . ☐ Yes ☒ No

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	[redacted]	[redacted]	G	X												
9	[redacted]	[redacted]	G	X												
10	[redacted]	[redacted]	G	X												
11	[redacted]	[redacted]	G	X												
12	[redacted]	[redacted]	C	X												
13	[redacted]	[redacted]	C	X												

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Form 8965 (2015)

Form **8965**

Department of the Treasury
Internal Revenue Service

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

OMB No. 1545-0074
2015
Attachment Sequence No. 75

Name as shown on return: FRANCISCO CEDENO RAMIREZ

Your social security number: [redacted]

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7a Are you claiming an exemption because your household income is below the filing threshold? . . . . ☐ Yes ☐ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? . . . . ☐ Yes ☐ No

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	[redacted]		C	X												
9																
10																
11																
12																
13																

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Form 8965 (2015)

INNOVA

1 CORPUS CHRISTIE PL STE 104
Hilton Head Island, SC 29928
innovasbc@hotmail.com
Phone: (843)686-5225 | Fax: (843)686-5223

February 13, 2016

Francisco Cedeno Ramirez & Cristina Cruz Guerrero
90 Dillon Rd Apt D1
Hilton Head Island, SC 29926

Francisco Cedeno Ramirez & Cristina Cruz Guerrero:

Return Type	**Refund/Balance Due**	**Transaction Method**
Federal Income Tax	$2,741 Balance Due	Mail a check
South Carolina Income Tax	Zero Due	

Sign and date these return(s) and mail them on or before the filing deadline to the address provided:

Federal Income Tax
Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

South Carolina Income Tax
SC1040 Processing Center
PO Box 101100
Columbia, SC 29211-0100

Mail payment on or before due date to the following address:

Federal Income Tax
Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Sincerely,

Lizeth MacArena
INNOVA

INNOVA

1 CORPUS CHRISTIE PL STE 104
Hilton Head Island, SC 29928
innovasbc@hotmail.com
Phone: (843)686-5225 | Fax: (843)686-5223

Francisco Cedeno Ramirez & Cristina Cruz GuerrInvoice Date: 02/13/2016
90 Dillon Rd Apt D1
Hilton Head Island, SC 29926

2015 Tax Year Statement

2015 Tax Preparation

Total Fee	$ 120.00

Total Balance Due $ 120.00

Para verificar el estatus de tu reembolso visita:
www.irs.gov en la seccion DONDE ESTA MI REEMBOLSO
Tambien puedes bajar la aplicacion IRS2Go

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FRANCISCO CEDENO RAMIREZ & CRIST	CEDENO ROOFING AND WOO	[redacted]

Part I — Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29 ... 7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶ 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II — Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	119

Part III — MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	Statement #1					171
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV — Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	290
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ... 23		

Form 4562 (2015) FRANCISCO CEDENO RAMIREZ & CRISTINA [redacted] Page 2

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☒ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
FORD ECOLINE	01012015	100.0%						
DODGE RAM 350	01012015	100.0%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)	25,265		20,965									
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	25,265		20,965									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?			X									
35 Was the vehicle used primarily by a more than 5% owner or related person?	X		X									
36 Is another vehicle available for personal use?	X		X									

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

EEA

Form 4562 (2015)

Payment Voucher Filing Instructions 2015

Date to file by: 04-18-2016

Payment: $2,241

Address to file: Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Other Instructions: If paper-filing your 2015 return, mail the tax return, voucher, and check to the address on the voucher. Do not staple the voucher and payment to the return or to each other.

If your return was e-filed, mail the voucher and check to the address on the voucher.

Make your check or money order payable to "United States Treasury". Enter your SSN and "2015 Form 1040" on your check or money order.

To pay by credit card, go to www.1040paytax.com.

Taxpayer Records:

Amount Paid ______________

Check Number ______________

Date Mailed ______________

Form 1040-V (2015)

Detach Here and Mail With Your Payment and Return

Form **1040-V** Department of the Treasury Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074 **2015**

1 Your social security number (SSN)	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars	Cents
[redacted]	[redacted]		2,241	

EEA

FRANCISCO CEDENO RAMIREZ & CRISTINA
90 DILLON RD APT D1
HILTON HEAD ISLAND, SC 29926

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

For Paperwork Reduction Act Notice, see your tax return instructions.

917711920 ZJ CEDE 30 0 201512 610

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1024

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2015 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 7/21/15)
3075

Your social security number	Check if deceased ☐
[redacted]	
Spouse's social security number	Check if deceased ☐
[redacted]	

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2015, or fiscal tax year beginning 2015 and ending 2016

Print your first name and initial: FRANCISCO		Last name: CEDENO RAMIREZ		Suff.
Spouse's first name, if married filing jointly: CRISTINA		Last name: CRUZ GUERRERO		
Check if new address ☐	Mailing address (number and street, Apt. no or P.O. Box) Foreign address, see instructions: 90 DILLON RD	D1		County code: 07
City: HILTON HEAD ISLAND	State: SC	Zip: 29926	Area code / Daytime telephone: 843-338-5598	
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)			

Check this box if you are filing SC Schedule NR (Part year/Nonresident) . . . . . ▶ ☐
Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual ▶ ☐
Check this box if you have filed a federal or state extension . . . . . ▶ ☐
Check this box if you served in a Military COMBAT ZONE during the filing period . . . . . ☐
Enter the name of the combat zone:
Check this box if this return is affected by a federally declared DISASTER AREA . . . . . ☐
Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS: (1) ☐ Single (2) ☒ Married filing jointly (3) ☐ Married filing separately. **Enter spouse's SSN here:** (4) ☐ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions
Enter the number of exemptions from your 2015 federal return . . . . . ▶ 7
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2015 . . ▶ 2
Enter the number of taxpayers age 65 or older, as of December 31, 2015 . . . . . ▶

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
[redacted]	[redacted]	[redacted]	PARENT	[redacted]
[redacted]	[redacted]	[redacted]	SON	[redacted]
[redacted]	[redacted]	[redacted]	SON	[redacted]
[redacted]	[redacted]	[redacted]	SON	[redacted]

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CEDENO RAMIREZ [redacted]

INCOME AND ADJUSTMENTS

2015

1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below ▶			1	Dollars 113 00
	ADDITIONS TO FEDERAL TAXABLE INCOME				
a	State tax addback, if itemizing on federal return (See instructions) ▶	a	00		
b	Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other ________ ▶	b	00		
c	Expenses related to National Guard and Military Reserve income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e	Other additions to income. Attach an explanation (See instructions) ▶	e	00		
2	Add lines a through e and enter the total here. These are your total additions ▶			2	00
3	Add lines 1 and 2 and enter the total here			3	113 00
	SUBTRACTIONS FROM FEDERAL TAXABLE INCOME				Dollars
f	State tax refund, if included on your federal return ▶	f	00		
g	Total and permanent disability retirement income, if taxed on your federal return ▶	g	00		
h	Out-of-state income/gain - Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other ________ ▶	h	00		
i	44% of net capital gains held for more than one year (See instructions) ▶	i	00		
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other ▶	j	00		
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions) ▶	k	00		
l	Active Trade or Business Income deduction (See instructions) ▶	l	00		
m	Interest income from obligations of the US government	m	00		
n	Certain nontaxable National Guard or Reserve Pay (See instructions) ▶	n	00		
o	Social security and/or railroad retirement, if taxed on your federal return ▶	o	00		
p	Caution: Retirement Deduction (See instructions)				
	p-1 Taxpayer: date of birth ________ ▶	p-1	00		
	p-2 Spouse: date of birth ________ ▶	p-2	00		
	p-3 Surviving spouse #1: date of birth of deceased spouse ________	p-3	00		
	p-4 Surviving spouse #2: date of birth of deceased spouse ________	p-4	00		
q	Age 65 and older deduction (See instructions)				
	q-1 Taxpayer: date of birth ________ ▶	q-1	00		
	q-2 Spouse: date of birth ________ ▶	q-2	00		
r	Negative amount of federal taxable income ▶	r	00		
s	Subsistence allowance ____ days @ $8.00 ▶	s	00		
t	Dependents under the age of 6 years on December 31 of the tax year ▶	t	8,000 00		
u	Consumer Protection Services ▶	u	00		
v	Other subtractions (See instructions) . FD/ST. Depr. Diff. ▶	v	289 00		
4	Add lines f through v and enter here. These are your total subtractions ▶			4	< 8,289 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here . This is your South Carolina INCOME SUBJECT TO TAX ▶			5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	00		
7	TAX on Lump Sum Distribution (Attach SC4972) ▶	7	00		
8	TAX on Active Trade or Business Income (Attach I-335) ▶	8	00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts ▶	9	00		
10	Add lines 6 through 9 and enter the total here . This is your TOTAL SOUTH CAROLINA TAX			10	00
11	Child and Dependent Care (See instructions) ▶	11	00		
12	Two Wage Earner Credit (See instructions) ▶	12	00		
13	Other non-refundable credits. Attach SC1040TC and other state return(s) ▶	13	00		
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here			14	00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here			15	0 00

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CEDENO RAMIREZ [redacted] 2015

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41) ▶	00	20 Other SC withholding (Attach Form 1099) ▶	00
17 2015 estimated tax payments ▶	00	21 Tuition tax credit (Attach I-319) ▶	00
18 Amount paid with extension ▶	00		
19 NR sale of real estate ▶	00	22 Other refundable credit(s) ▶	00

Check Type:
- ☐ Anhydrous Ammonia (Attach I-333)
- ☐ Milk Credit (Attach I-334)
- ☐ Classroom Teacher Expenses (Attach I-360)
- ☐ Exceptional Needs Children Education (Attach I-361)

23	Add lines 16 through 22 and enter the total here . . . These are your TOTAL PAYMENTS	23	00
24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	24	00
25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25	00
26	USE TAX due on Internet, mail-order or out-of-state purchases ▶ 26 0 00. Use tax is based on your county's sales tax rate. See instructions for more information. If you certify that no use tax is due, check here ▶ [X]		
27	Amount of line 24 to be credited to your 2016 Estimated Tax ▶ 27 00		
28	Total Contributions for Check-offs (Attach I-330) ▶ 28 00		
29	Add lines 26 through 28 and enter the total here	29	00
30	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) . . . REFUND ▶	30	00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ▶ ☐ Direct Deposit (30b required) ▶ ☐ Debit Card* ▶ ☐ Paper Check

*SCOOR Income Tax Refund Prepaid Debit Card Issued by Bank of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) ______ Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) ______ 1-17 digits

31	Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	00
32	Late filing and/or late payment: Penalties ______ Interest ______ (See instructions) Enter total here ▶	32	00
33	Penalty for Underpayment of Estimated Tax (Attach SC2210). (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax [ ] ▶	33	00
34	Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE ▶	34	00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2015 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date 02-13-2016	Spouse's signature (if married filing jointly, BOTH must sign)
Taxpayer's Email		

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No [X] — Preparer's printed name

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only			
Preparer signature	Date 02-13-2016	Check if self-employed ☐	PTIN [redacted]
Firm name (or yours if self-employed) and address and Zip Code	INNOVA 1 CORPUS CHRISTIE PL STE 104 Hilton Head Island SC 29928	FEIN [redacted]	Phone No. 843-686-5225

MAIL TO: **REFUNDS OR ZERO TAX** — SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE — Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

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SCDEPDIF	State Income Adjustment due to differences in depreciation between the Federal and State (Keep for your records)	2015
Name(s) as shown on return FRANCISCO CEDENO RAMIREZ & CRISTINA		Identification number [redacted]

Taxpayer/Business

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	290	579	(289)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	290	579	(289)

Spouse

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	0	0	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	0	0	0

Combined Totals

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	290	579	(289)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	290	579	(289)

Form **4562**

South Carolina

Depreciation and Amortization

(Including Information on Listed Property)

Note: SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

▶ Attach to your return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2015

Name(s) shown on return	Business or activity to which this form relates	Identification number
FRANCISCO CEDENO RAMIREZ & CRIST	SCHEDULE C - 1	[redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	1,710
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29 ... 7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶ 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	237

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property Statement 2			5			342
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	579
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ... 23		

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

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Client Copy

Attach to Form SC1040
Additional Dependent Listing

2015

Name(s): FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO

Social security number: [redacted]

First Name	Last Name	SSN	Relationship	Date of birth
[redacted]	[redacted]	[redacted]	DAUGHTER	[redacted]

SCDEP.LD

Form **1040** Department of the Treasury - Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial: FRANCISCO	Last name: CEDENO RAMIREZ	Your social security number: [redacted]
If a joint return, spouse's first name and initial: CRISTINA	Last name: CRUZ GUERRERO	Spouse's social security number: [redacted]
Home address (number and street): 90 DILLON RD	Apt. no.: D1	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): HILTON HEAD ISLAND SC 29926		Presidential Election Campaign
Foreign country name	Foreign province/state/county; Foreign postal code	Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☒ Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
Statement #1			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☒

No. of children on 6c who: • lived with you: 4 • did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: 1

d Total number of exemptions claimed — Add numbers on lines above ▶ 7

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	43,808
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions 15a — b Taxable amount	15b	
16a	Pensions and annuities 16a — b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a — b Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	43,808

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	3,095
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	3,095
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	40,713

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

372 Form 1040 (2015)

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MAY RIVER ROOFING, INC. P.O. Box 341 Bluffton, SC 29910 (843) 815-4808 (843) 815-2699 FAX	1 Rents $	OMB No. 1545-0115 **2015** Form 1099-MISC	**Miscellaneous Income**
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	**Copy B For Recipient**
PAYER'S federal identification number: [redacted] / RECIPIENT'S identification number: [redacted]	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code Cedeno Roofing and Woodcare Company 90 Dillon Rd APt K-2 Hilton Head, SC 29926	7 Nonemployee compensation $ 232327.40	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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FRANCISCO CEDENO RAMIREZ & C CRUZ G
90 DILLON RD APT D1
HILTON HEAD ISLAND, SC 29926
2013 INCOME TAX RETURN

November 9, 2016

Francisco Cedeno Ramirez & Cristina Cruz Guerrero
90 Dillon Rd Apt D1
Hilton Head Island, SC 29926

Dear Francisco & Cristina,

Please find enclosed a copy of your tax return(s) for the tax year ending December 31, 2013.

Form 1040 - Federal Individual Income Tax Return
SC - South Carolina Individual Income Tax Return

We prepared your return based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax return, please contact us. We appreciate this opportunity to serve you.

Sincerely,

Dayanita Easterday
Bookkeeping By Day
Po Box 3802
Bluffton SC, 29910

Tax Summary and Instructions for Filing
2013 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income .....$ 43,328.00
Federal taxable income ....$ 3,828.00
Federal balance due ....$ 1,155.00
Federal effective tax rate 127.40%

The due date of the Federal Form 1040 is October 15, 2014.

Your balance due return has been electronically filed. Mail Form 1040-V and a check or money order in the amount of $1,155.00 payable to the "United States Treasury". Write your social security number and "2013 Form 1040" on the check and mail to the following address:

Internal Revenue Service
P.O. Box 931000
Louisville, KY
40293-1000
The Form 1040 has had an extension applied for it.

Francisco Cedeno Ramirez & Cristina Cruz Guerrero

Summary of State Information:

SC Form 1040

State adjusted gross income ...	$ 0.00
State taxable income	$ 0.00
State Refund	$ 21.00
State effective tax rate	0.00%

The due date of the SC Form 1040 is April 15, 2014.

Your state return has been electronically filed, and you will receive
a refund of $ 21.00.

BOOKKEEPING BY DAY
PO BOX 3802
BLUFFTON SC 29910
(843) 757-0250

FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO
90 DILLON RD APT D1
HILTON HEAD ISLAND SC 29926
(843) 682-3963

Preparer No.: 1
Client No. : [redacted]
Invoice Date: 05/20/2014
Invoice No. : 1648

INVOICE

Description	Amount
PREPARATION OF 2013 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) (2) FORM 4868 (AUTOMATIC EXTENSION) FORM 8879 (E-FILE SIGNATURE AUTH.) FORM 8812 (CHILD TAX CREDIT) SC STATE RESIDENT RETURN	
Total Invoice	
Amount Paid	
Balance Due	

378

TAX YEAR: 2013

PROCESS DATE: 05/20/2014

CLIENT : [redacted] FRANCISCO CEDENO RAMIREZ BIRTH DATE : [redacted]
SPOUSE : CRISTINA CRUZ GUERRERO BIRTH DATE :

ADDRESS : 90 DILLON RD APT D1
: HILTON HEAD ISLAND SC 29926

PREPARER : 1

Phone #1: (843) 682-3963
Phone #2:
Phone #3:
STATUS : 2
FED TYPE: Electronic Mailed
ST TYPE : Electronic Mailed
E-MAIL :

PREPARER FEE:
ELECTRONIC :
TOTAL FEES :

DEPENDENT NAME	BIRTH DATE	SSN	RELATIONSHIP	MONTHS
[redacted]	[redacted]	[redacted]	PARENT	12
			SON	12
			SON	12
			SON	12
			DAUGHTER	12

LISTING OF FORMS FOR THIS RETURN
FORM 1040
FORM W-2
SCHEDULE C (BUSINESS INCOME)
SCHEDULE SE (SELF EMPLOYMENT TAX)
CHILD TAX CREDIT WORKSHEET
FORM 8812 (ADDITIONAL CHILD TAX CREDIT)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 9465 (INSTALLMENT AGREEMENT)
PAYMENT VOUCHER
SC STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	SC RESIDENT
FILING STATUS	2	2
TOTAL INCOME	45767	0
TOTAL ADJUSTMENTS	2439	0
ADJUSTED GROSS INCOME	43328	0
DEDUCTIONS	12200	0
EXEMPTIONS	27300	0
TAXABLE INCOME	3828	0
TAX	383	0
CREDITS	383	18
PAYMENTS	3722	21
OTHER TAXES	4877	0
EARNED INCOME CREDIT	0	0
REFUND	0	21
AMOUNT DUE	1155	0

CLIENT : FRANCISCO CEDENO RAMIREZ [redacted]
SPOUSE : CRISTINA CRUZ GUERRERO

PREPARER : 1 DATE : 05/20/2014

LISTING OF FORMS FOR THIS RETURN

* W-2 INCOME FORMS SUMMARY *

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST
..	T	AMERICAN ROOFI	8648	105	536	125	0	
2.	S	MAID FOR YOU O	2600	0	161	38	21	SC
		TOTALS......	11248	105	697	163	21	

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Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at *www.irs.gov/form8879.*

OMB No. 1545-0074

2013

Submission Identification Number (SID) ▶ [redacted]

Taxpayer's name	Social security number
FRANCISCO CEDENO RAMIREZ	[redacted]
Spouse's name	**Spouse's social security number**
CRISTINA CRUZ GUERRERO	[redacted]

Part I Tax Return Information—Tax Year Ending December 31, 2013 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	43328
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	4877
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	105
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	1155

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize BOOKKEEPING BY DAY (ERO firm name) to enter or generate my PIN [redacted] (Enter five numbers, but do not enter all zeros) as my signature on my tax year 2013 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ______________________ Date ▶ ______________

Spouse's PIN: check one box only

☒ I authorize BOOKKEEPING BY DAY (ERO firm name) to enter or generate my PIN [redacted] (Enter five numbers, but do not enter all zeros) as my signature on my tax year 2013 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ______________________ Date ▶ ______________

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ BOOKKEEPING BY DAY
DAYANITA A EASTERDAY
Date ▶ 05/20/2014

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.
QNA

Form 8879 (2013)

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Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2013** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
FRANCISCO	CEDENO RAMIREZ	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
CRISTINA	CRUZ GUERRERO	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
90 DILLON RD D1
▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
HILTON HEAD ISLAND, SC 29926

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☒ Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
SEE ATTACHED			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☒

No. of children on 6c who: • lived with you: 4
• did not live with you due to divorce or separation (see instructions): 0
Dependents on 6c not entered above: 1

d Total number of exemptions claimed — Add numbers on lines above ▶ 7

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	11248
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	34519
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions 15a — b Taxable amount	15b	
16a	Pensions and annuities 16a — b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a — b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	45767

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27	2439		
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	2439
37	Subtract line 36 from line 22. This is your adjusted gross income ▶			37	43328

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2013)

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Form 1040 (2013) CEDENO RAMIREZ [redacted] Page 2

Tax and Credits

38	Amount from line 37 (adjusted gross income)			38	43328
39a	Check if: ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked ▶ 39a				
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐				
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40	12200
41	Subtract line 40 from line 38			41	31128
42	Exemptions. If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see instructions			42	27300
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	3828
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44	383
45	Alternative minimum tax (see instructions). Attach Form 6251			45	
46	Add lines 44 and 45 ▶			46	383
47	Foreign tax credit. Attach Form 1116 if required	47			
48	Credit for child and dependent care expenses. Attach Form 2441	48			
49	Education credits from Form 8863, line 19	49			
50	Retirement savings contributions credit. Attach Form 8880	50			
51	Child tax credit. Attach Schedule 8812, if required	51	383		
52	Residential energy credits. Attach Form 5695	52			
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53			
54	Add lines 47 through 53. These are your total credits			54	383
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶			55	0

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, $6,100
Married filing jointly or Qualifying widow(er), $12,200
Head of household, $8,950

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	4877
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax ▶	61	4877

Payments

62	Federal income tax withheld from Forms W-2 and 1099	62	105		
63	2013 estimated tax payments and amount applied from 2012 return	63			
64a	Earned income credit (EIC)	64a			NO
b	Nontaxable combat pay election 64b				
65	Additional child tax credit. Attach Schedule 8812	65	3617		
66	American opportunity credit from Form 8863, line 8	66			
67	Reserved	67			
68	Amount paid with request for extension to file	68			
69	Excess social security and tier 1 RRTA tax withheld	69			
70	Credit for federal tax on fuels. Attach Form 4136	70			
71	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐	71			
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments ▶			72	3722

If you have a qualifying child, attach Schedule EIC.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	74a	
b	Routing number X X X X X X X X X ▶ c Type: ☐ Checking ☐ Savings		
d	Account number X X X X X X X X X X X X X X X X X		
75	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75		

Direct deposit? See instructions.

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	1155
77	Estimated tax penalty (see instructions) 77		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ▶ DAYANITA A EASTERDAY Phone no. ▶ 843-757-0250 Personal identification number (PIN) ▶ [redacted]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		CONSTRUCTION	843-682-3963
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		LABORER	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
DAYANITA A EASTERDAY		05/20/14		[redacted]

Firm's name ▶ BOOKKEEPING BY DAY Firm's EIN ▶ [redacted]
Firm's address ▶ PO BOX 3802, BLUFFTON SC 29910 Phone no. 843-757-0250

QNA

Form 1040 (2013)

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SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013

Attachment Sequence No. 09

Name of proprietor: FRANCISCO CEDENO RAMIREZ

Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): ROOFING CONTRACTORS

B Enter code from instructions ▶ [redacted]

C Business name. If no separate business name, leave blank.: CEDENO ROOFING AND WOODWORKING

D Employer ID number (EIN), (see instr.) [redacted]

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2013, check here ▶ ☐

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	81242
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	81242
4	Cost of goods sold (from line 42)	4	24326
5	**Gross profit.** Subtract line 4 from line 3	5	56916
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	56916

Part II Expenses

Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	12225	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel, meals, and entertainment:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
15	Insurance (other than health)	15	7200	b	Deductible meals and entertainment (see instructions)	24b	2252
16	Interest:			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	720
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	22397
29	Tentative profit or (loss). Subtract line 28 from line 7	29	34519
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ____ and (b) the part of your home used for business: ____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	34519

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

FRANCISCO CEDENO RAMIREZ [redacted]

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . [ ] Yes [X] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	12394
38	Materials and supplies	38	11932
39	Other costs	39	
40	Add lines 35 through 39	40	24326
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	24326

Part IV **Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/ 10/2014

44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:

a Business 21637 b Commuting (see instructions) ______ c Other ______

45 Was your vehicle available for personal use during off-duty hours? . . . [X] Yes [ ] No

46 Do you (or your spouse) have another vehicle available for personal use? . . . [X] Yes [ ] No

47a Do you have evidence to support your deduction? . . . [X] Yes [ ] No

b If "Yes," is the evidence written? . . . [X] Yes [ ] No

Part V **Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

PHONE	720
48 Total other expenses. Enter here and on line 27a . . . 48	720

QNA

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at *www.irs.gov/schedulese.*

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

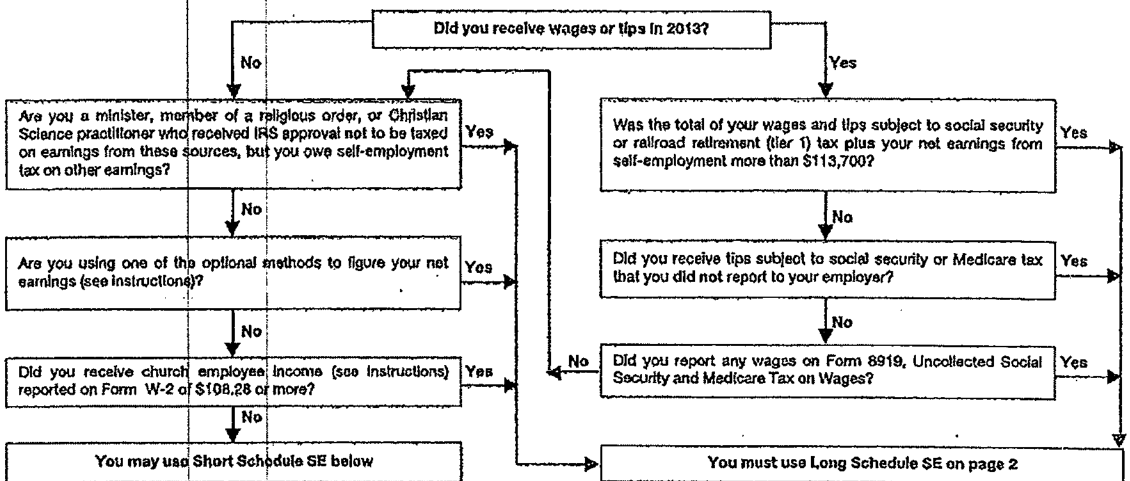
Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040)	Social security number of person with self-employment income ▶
FRANCISCO CEDENO RAMIREZ	[redacted]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . .	**1a**	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	**1b**	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . .	**2**	34519
3	Combine lines 1a, 1b, and 2 . . .	**3**	34519
4	Multiply line 3 by 92.35% (.9235). If less than $400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . ▶	**4**	31878
	Note. If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	**Self-employment tax.** If the amount on line 4 is: • $113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 56,** or **Form 1040NR, line 54** • More than $113,700, multiply line 4 by 2.9% (.029). Then, add $14,098.80 to the result. Enter the total here and on **Form 1040, line 56,** or **Form 1040NR, line 54** . . .	**5**	4877
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** . . . **6** 2439		

For Paperwork Reduction Act Notice, see your tax return instructions.
QNA

Schedule SE (Form 1040) 2013

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SCHEDULE 8812 (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.

1040 1040A 1040NR 8812

OMB No. 1545-0074

2013

Attachment Sequence No. 47

Name(s) shown on return: FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO

Your social security number: [redacted]

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

CAUTION: Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

Note. If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here . . . . ▶ ☐

Part II Additional Child Tax Credit Filers

1	**1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). **1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). **1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48). If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.	1	4000
2	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2	383
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit	3	3617
4a	Earned income (see separate instructions) — 4a: 43328		
b	Nontaxable combat pay (see separate instructions) — 4b:		
5	Is the amount on line 4a more than $3,000? ☐ No. Leave line 5 blank and enter -0- on line 6. ☒ Yes. Subtract $3,000 from the amount on line 4a. Enter the result — 5: 40328		
6	Multiply the amount on line 5 by 15% (.15) and enter the result	6	6049
	Next. Do you have three or more qualifying children? ☐ No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. ☒ Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO [redacted]

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier I RRTA taxes withheld that you entered to the left of line 41 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 65.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

Part IV Additional Child Tax Credit

13	**This is your additional child tax credit**	13	3617

1040 1040A 1040NR ◄ *Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63.*

Form **9465** (Rev. December 2013) Department of the Treasury Internal Revenue Service

Installment Agreement Request

▶ Information about Form 9465 and its separate instructions is at *www.irs.gov/form9465*.
▶ If you are filing this form with your tax return, attach it to the front of the return.
▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** *Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Do not file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see* **Bankruptcy or offer-in-compromise,** *in the instructions.*

Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ FORM 1040 and for tax year(s) (for example, 2012 and 2013) ▶ 2013

1a Your first name and initial: FRANCISCO | Last name: CEDENO RAMIREZ | Your social security number: [redacted]

If a joint return, spouse's first name and initial: CRISTINA | Last name: CRUZ GUERRERO | Spouse's social security number: [redacted]

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.: 90 DILLON RD APT D1 | Apt. number

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions): HILTON HEAD ISLAND SC 29926

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here . . . . . . ▶ ☐

2 Name of your business (must be no longer operating) | Employer identification number (EIN) –

3 843-682-3963 Your home phone number | Best time for us to call

4 – – Your work phone number | Ext. | Best time for us to call

5 Name of your bank or other financial institution:
Address
City, state, and ZIP code

6 Your employer's name:
Address
City, state, and ZIP code

7	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	7	1155
8	Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	8	578
9	Subtract line 8 from line 7 and enter the result	9	577
10	Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months . .	10	500
11	Divide the amount on line 9 by 72 and enter the result	11	8

• If the amount on line 10 is less than the amount on line 11 and you are unable to increase your payment to the amount on line 11, complete and attach Form 433-F, Collection Information Statement.

• If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than $25,000 but not more than $50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F.

• If the amount on line 9 is greater than $50,000, complete and attach Form 433-F, Collection Information Statement.

12 Enter the date you want to make your payment each month. **Do not enter a date later than the 28th** ▶ 20

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ a Routing number ☐☐☐☐☐☐☐☐☐

▶ b Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

14 If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement . . . . ☐

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date

2013 Form 1040-V

Department of the Treasury
Internal Revenue Service

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2013 Form 1040," "2013 Form 1040A," or "2013 Form 1040EZ," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: $ XXX.XX. Do not use dashes or lines (for example, do not enter "$ XXX—" or "$ XXX xx/100").

How To Send In Your 2013 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2013 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

IF you live in . . .	THEN use this address if you: Are not enclosing a check or money order . . .	Are enclosing a check or money order . . .
Florida, Louisiana, Mississippi, Texas	Department of the Treasury Internal Revenue Service Austin, TX 73301-0002	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, Missouri, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-0008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the Virgin Islands.	Department of the Treasury Internal Revenue Service Austin, TX 73301-0215	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

Form 1040-V (2013)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074
2013

1 Your social security number (SSN)	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars	Cents
[redacted]	[redacted]		1155	

Print or type

4 Your first name and initial: FRANCISCO — Last name: CEDENO RAMIREZ
If a joint return, spouse's first name and initial: CRISTINA — Last name: CRUZ GUERRERO
Home address (number and street): 90 DILLON RD APT D1 — Apt. no.
City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.): HILTON HEAD ISLAND SC 29926
Foreign country name — Foreign province/state/county — Foreign postal code

917711920 ZJ CEDE 30 0 201312 610

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Supporting Statements for DEPENDENTS
Client : CEDENO RAMIREZ [redacted]

Dependent Information Form 1040

Name	SSN	Relationship	Qualify
[redacted]	[redacted]	PARENT	
		SON	X
		SON	X
		SON	X
		DAUGHTER	X

FRANCISCO CEDENO RAMIREZ & CRISTINA CRUZ GUERRERO [redacted]

Child Tax Credit Worksheet — Keep for Your Records

Before you begin: ✓ Figure the amount of any credits you are claiming on Form 5695, Part II; Form 8834, Part I; Form 8910; Form 8936; or Schedule R.

CAUTION: *To be a qualifying child for the child tax credit, the child must be under age 17 at the end of 2013 and meet the other requirements listed earlier, under Qualifying Child.*

- If you do not have a qualifying child, you cannot claim the child tax Credit

Part 1

1. Number of qualifying children: 4 X $1000. Enter the result. **1.** 4000
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22; or Form 1040NR, line 37. **2.** 43328
3. 1040 filers: Enter the total of any --
   - Exclusion of income from Puerto Rico, and
   - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.

   1040A and 1040NR Filers. Enter -0-. **3.** ______
4. Add lines 2 and 3. Enter the total. **4.** 43328
5. Enter the amount shown below for your filing status.
   - Married filing jointly - $110,000
   - Single, head of household, or qualifying widow(er) - $75,000
   - Married filing separately - $55,000

   5. 110000
6. Is the amount on line 4 more than the amount on line 5?

   [X] No. Leave line 6 blank. Enter -0- on line 7.

   [ ] Yes. Subtract line 5 from line 4. **6.** ______

   If the result is not a multiple of $1,000, increase it to the next multiple of $1,000. For example, increase $425 to $1,000, increase $1,025 to $2,000, etc.
7. Multiply the amount on line 6 by 5% (.05). Enter the result. **7.** 0
8. Is the amount on line 1 more than the amount on line 7?

   [ ] No. STOP

   You cannot take the child tax credit on Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48. You also cannot take the additional child tax credit on Form 1040, line 65; Form 1040A, line 39; or Form 1040NR, line 63. Complete the rest of your Form 1040, Form 1040A, or Form 1040NR.

   [X] Yes. Subtract line 7 from line 1. Enter the result here and on Form 8812 Part II, line1. *Go to Part 2.* **8.** 4000

Part 2

9. Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 44. **9.** 383
10. Add the amounts from:

Form 1040	or Form 1040A	or Form 1040NR	
Line 47	----------	Line 45	+
Line 48	Line 29	Line 46	+
Line 49	Line 31	----------	+
Line 50	Line 32	Line 47	+

Form 5695, line 30 . . . . +

Form 8910, line 15 . . . . +

Form 8936, line 23 . . . . +

Schedule R, line 22 . . . . +

Enter the total. **10.** ______

11. Are you claiming any of the following credits?
   - Mortgage interest credit, Form 8396
   - Residential energy efficient property credit, Form 5695, Part I.
   - Adoption credit, Form 8839
   - District of Columbia first-time homebuyer credit, Form 8859.

   [X] No. Enter the amount from line 10.

   [ ] Yes. Complete the Line 11 Worksheet on the next page to figure the amount to enter here. **11.** ______
12. Subtract line 11 from line 9. Enter the result. **12.** 383
13. Is the amount on line 8 of this worksheet more than the amount on line 12?

   [ ] No. Enter the amount from line 8.

   [X] Yes. Enter the amount from line 12. See the TIP below.

   This is your child tax credit. **13.** 383

   Enter this amount on Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48.

TIP You may be able to take the additional child tax credit on Form 1040, line 65; Form 1040A, line 39 or Form 1040NR, line 63, only if you answered "Yes" on line 13.

- First, complete your Form 1040 through line 64a (also complete line 69), Form 1040A through line 38a, or Form 1040NR through line 62 (also complete line 65).
- Then, use Form 8812 to figure any additional child tax credit.

QNA

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CEDENO RAMIREZ

[redacted]

Line 7 Worksheet

Keep for Your Records

If your employer withheld or you paid Additional Medicare Tax or Tier I RRTA taxes, use this worksheet to figure the amount to enter on line 7.

Social security tax, Medicare tax, and Additional Medicare Tax on Wages.

1. Enter the social security tax withheld (Form(s) W-2, box 4)	1.	697
2. Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld	2.	163
3. Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7)	3.	
4. Add lines 1, 2, and 3	4.	860
5. Enter the Additional Medicare Tax withheld (Form 8959, line 22)	5.	
6. Subtract line 5 from line 4	6.	860

Additional Medicare Tax on Self-Employment Income.

7. Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)	7.	

Tier I RRTA taxes as an employee of a railroad (enter amounts on lines 8, 9, 10, and 11) or employee representative (enter amounts on lines 12, 13, 14, and 15). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier II tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier II tax.

8. Enter the Tier I tax (Form(s) W-2, box 14)	8.	
9. Enter the Medicare Tax (Form(s) W-2, box 14)	9.	
10. Enter the Additional Medicare Tax, if any, on RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line 10 and line 14	10.	
11. Add lines 8, 9, and 10	11.	
12. Enter one-half of Tier I tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2013)	12.	
13. Enter one-half of Tier I Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2013)	13.	
14. Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line 14 and line 10	14.	
15. Add lines 12, 13, and 14	15.	

Line 7 Amount

16. Add lines 6, 7, 11, and 15. Enter here and on Schedule 8812, line 7	16.	860

QNA

*** FILE COPY ONLY -- DO NOT MAIL ***

**** SUPPORTING NOTES FOR SCHEDULE C

[redacted]

FRANCISCO CEDENO RAMIREZ
CEDENO ROOFING AND WOODWORKING

Schedule of Gross Receipts or Sales:

Description	Amount
PANA ROOFING	36,000
ROOFING SOLUTIONS	26,461
MAY RIVER ROOFING	12,000
ONTOP ROOFING	6,781
Total Gross Receipts or Sales:	81,242

Schedule of Cost of Labor:

Description	Amount
JOSE JESUS CEDENO [redacted]	12,394
Total Cost of Labor:	12,394

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453
(Rev. 7/23/10)
3299

Please print or type.

Your first name and initial	Last name	Your social security number
FRANCISCO CEDENO RAMIREZ		[redacted]
If joint return, spouse's first name and initial	Last name, if different	Spouse's social security number
CRISTINA CRUZ GUERRERO		[redacted]
Home address (number and street, apt. number or RR)	Daytime telephone #	Tax Year
90 DILLON RD APT D1	843-682-3963	2013
City, town or post office, state and ZIP code		
HILTON HEAD ISLAND, SC 29926		

DO NOT MAIL

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income (SC1040, line 1)	1	3828	00
2. Net SC tax (SC1040, line 15)	2		00
3. Use Tax	3	0	00
4. Total Tax	4		00
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5	21	00
6. Tuition Tax Credit (SC1040, line 21)	6		00
7. Refund (SC1040, line 30)	7	21	00
8. Amount you owe (SC1040, line 34)	8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE

9. Routing transit number (RTN) ☐☐☐☐☐☐☐☐☐ The first two numbers of the RTN must be 01 through 12 or 21 through 32.

10. Bank account number (BAN) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

11. Type of account: ☐ Checking ☐ Savings

12. Withdrawal Date ____________ Withdrawal Amount $ ____________

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

13. ☐ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the items of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-896-1715.

KEEP FOR YOUR RECORDS

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

Sign Here ____________ Your signature ____ Date ____________ Spouse's signature (If joint, BOTH must sign) ____ Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only	ERO signature	Date 05-20-14	Check if also paid preparer ☒	Check if self-employed ☐	PTIN [redacted]
	Firm name (or yours if self-employed) and address	BOOKKEEPING BY DAY		FEIN [redacted]	
		PO BOX 3802 BLUFFTON SC		ZIP code 29910-	
Paid Preparer's Use Only	Preparer signature	Date		Check if self-employed ☐	PTIN
	Firm name (or yours if self-employed) and address			FEIN	
				ZIP code	395

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2013 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 8/20/13)
3075

Your social security number	Check if deceased ☐
[redacted]	
Spouse's social security number	Check if deceased ☐
[redacted]	

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2013, or fiscal tax year beginning 2013 and ending 2014

Print your first name and initial: FRANCISCO		Last name: CEDENO RAMIREZ		Suff.
Spouse's first name, if married filing jointly: CRISTINA		Last name: CRUZ GUERRERO		
Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions: 90 DILLON RD APT D1			County code: 00007
City: HILTON HEAD ISLAND	State: SC	Zip: 29926-0000	Area code Daytime telephone: 843-682-3963	
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)			

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ▶ ☐

Check this box ONLY if filing a composite return on behalf of the nonresident partners/shareholders of a partnership or "S" corporation ▶ ☐

Check this box if you have filed a federal or state extension ▶ ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ☐
Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ☐
Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☐ Single
(2) ☒ Married filing jointly
(3) ☐ Married filing separately. Enter spouse's SSN here: ______
(4) ☐ Head-of-household
(5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2013 federal return ▶ 7

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2013 ▶ 2

Enter the number of taxpayers age 65 or older, as of December 31, 2013 ▶ ____

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
STATEMENT				
ATTACHED				

30751028

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INCOME AND ADJUSTMENTS 2013

					Dollars	
1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below			1	3828	00
	ADDITIONS TO FEDERAL TAXABLE INCOME					
a	State tax addback, if itemizing on federal return (See instructions)	a	00			
b	Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other______	b	00			
c	Expenses related to National Guard and Military Reserve income	c	00			
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	00			
e	Other additions to income. Attach an explanation (See instructions)	e	00			
2	Add lines a through e and enter the total here. These are your total additions			2		00
3	Add lines 1 and 2 and enter the total here			3	3828	00
	SUBTRACTIONS FROM FEDERAL TAXABLE INCOME				Dollars	
f	State tax refund, if included on your federal return	f	00			
g	Total and permanent disability retirement income, if taxed on your federal return	g	00			
h	Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other______	h	00			
i	44% of net capital gains held for more than one year (See instructions)	i	00			
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other______	j	00			
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k	00			
l	Active Trade or Business Income deduction (See instructions)	l	00			
m	Interest income from obligations of the US government	m	00			
n	Certain nontaxable National Guard or Reserve Pay (See instructions)	n	00			
o	Social security and/or railroad retirement, if taxed on your federal return	o	00			
p	Caution: Retirement Deduction (See instructions)					
p-1	Taxpayer: date of birth ______	p-1	00			
p-2	Spouse: date of birth ______	p-2	00			
p-3	Surviving spouse #1: date of birth of deceased spouse ______	p-3	00			
p-4	Surviving spouse #2: date of birth of deceased spouse ______	p-4	00			
q	Age 65 and older deduction (See instructions)					
q-1	Taxpayer: date of birth ______	q-1	00			
q-2	Spouse: date of birth ______	q-2	00			
r	Negative amount of federal taxable income	r	00			
s	Subsistence allowance ____ days @ $8.00	s	00			
t	Dependents under the age of 6 years on December 31 of the tax year	t	7800 00			
u	Consumer Protection Services	u	00			
v	Other subtractions (See instructions)	v	00			
4	Add lines f through v and enter here. These are your total subtractions			4	< 7800	00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here ......This is your South Carolina INCOME SUBJECT TO TAX			5		00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	00			
7	TAX on Lump Sum Distribution (Attach SC4972)	7	00			
8	TAX on Active Trade or Business Income (Attach I-335)	8	00			
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	00			
10	Add lines 6 through 9 and enter the total here ......This is your TOTAL SOUTH CAROLINA TAX			10		00
11	Child and Dependent Care (See instructions)	11	00			
12	Two Wage Earner Credit (See instructions)	12	18 00			
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	13	00			
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here			14	18	00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here			15		00

30752026

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2013

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	21 00	20 Other SC withholding (Attach Form 1099)	00	
17 2013 estimated tax payments	00	21 Tuition tax credit (Attach I-319)	00	
18 Amount paid with extension	00			
19 NR sale of real estate	00	22 Other refundable credit(s)	00	

Check type: ☐ Anhydrous Ammonia (Attach I-333) ☐ Milk Credit (Attach I-334) ☐ Classroom Teacher Expenses (Attach I-360)

23 Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS		23	21 00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT		24	21 00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE		25	00
26 USE TAX: (See instructions)	26 — 0 00		
27 Amount of line 24 to be credited to your 2014 Estimated Tax	27 — 00		
28 Total Contributions for Check-offs (Attach I-330)	28 — 00		
29 Add lines 26 through 28 and enter the total here		29	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required). REFUND		30	21 00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ☐ Direct Deposit (30b required) ☐ Debit Card* ☒ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank Of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) ______ Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) ______ 1-17 digits

31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	00
32 Late filing and/or late payment: Penalties ________ Interest ________ (See instructions) Enter total here	32	00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐	33	00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. BALANCE DUE	34	00

Pay electronically free of charge at www.sctax.org. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2013 SC1040" on the payment.

Go Paperless! SCDOR will offer the option to receive your Form 1099-G/INT electronically instead of receiving it in the mail. Form 1099-G/INT is used when preparing your federal tax return.

☐ Check here and enter your email address if you wish to receive information about obtaining your 1099-G/INT Income Tax Refund statement electronically. | Email Address

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (If married filing jointly, BOTH must sign)

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ Preparer's printed name: DAYANITA A EASTERDAY

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only				
Preparer signature		Date 05/20/14	Check if self-employed ☒	PTIN [redacted]
Firm name (or yours if self-employed) and address and Zip Code	BOOKKEEPING BY DAY PO BOX 3802 BLUFFTON SC 29910-		FEIN [redacted]	Phone No. 843-757-0250

MAIL TO:

REFUNDS OR ZERO TAX	SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE	Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

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Supporting Statements for DEPENDENTS Client : CEDENO RAMIREZ [redacted]

Name	SSN	Relationship	DOB
[redacted]	[redacted]	PARENT SON SON SON DAUGHTER	[redacted]

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Compute your earned income separately for yourself and your spouse. South Carolina earned income is generally income you receive for services you provide. It includes wages, salaries, tips, commissions and sub-pay. It also includes income earned from self-employment, business income or loss, partnership income or loss, farm income or loss and any other earned income taxed to South Carolina. Earned income does not include gambling or bingo winnings, interest, dividends, Social Security benefits, IRA distribution, unemployment compensation, deferred compensation or non-taxable income. **It also does not include any amount your spouse paid you.**

LINE 12 - TWO WAGE EARNER CREDIT WORKSHEET

	(a) You	(b) Your Spouse
1. Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, Column B, line 1 or federal form. (Do not include pensions or annuities.)		2600
2. Net profit or (loss) from self-employment (from Schedule C and on Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina.	34519	
3. Add lines 1 and 2. This is your total earned income taxed to SC.	34519	2600
4. Add the adjustment amounts entered on federal Form 1040. *(See adjustments below). If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, 26 and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income.	2439	
5. Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit.*	32080	2600
Compute the credit.		
6. Enter the smaller of 5(a) or 5(b). **Do not enter more than $30,000.**	2600	
7. Multiply the amount on line 6 by .007. **Do not enter more than $210.** Enter the amount here and on SC1040, line 12.	18	

* South Carolina qualified earned income. This is the amount on which the credit is based. Compute it by subtracting certain adjustments from federal form SC1040 South Carolina earned income. The adjustments are:

- Deductible part of self-employment tax
- Self-employed SEP, simple, and qualified plans
- Self-employed health insurance deduction
- IRA deduction
- Repayment of sub-pay

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION'S
APPELLATE PANEL

WCC File No.: 1600686

Francisco Cedeno Ramirez..Claimant/Appellant,

v.

May River Roofing, Inc..Employer/Respondent,

American Zurich Insurance Company.. Carrier/Respondent,

and

Travelers Property & Casualty Co..Carrier/Respondent.

APPELLANT'S BRIEF

APPEAL FROM THE MAY 23, 2017 ORDER OF
COMMISSIONER GENE McCASKILL

NAERT AND DUBOIS, LLC

/s/ Joseph DuBois

Michael P. Bennett
Zach S. Naert
Joseph DuBois
22 New Orleans Road #1
Post Office Box 7228 (29938)
Hilton Head Island, SC 29928
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STATEMENT OF THE CASE

Claimant Francisco Cedeno Ramirez is a 39-year-old resident of Beaufort County, South Carolina where he earns his living as a roofer. On January 18, 2016 while performing roofing work atop the roof of a residential home located at 78 Tomotley Drive, Beaufort, South Carolina Francisco fell from the roof to the ground below, a drop of approximately 16 feet. Francisco was treated at the scene by the Beaufort County EMS and thereafter transported to Beaufort Memorial Hospital. As set forth in a medical questionnaire completed by treating physician Dr. Leland Stoddard, M.D., Francisco suffered injuries to his back, neck, both shoulders, chest, ribs, lungs, and bilateral upper extremities from the fall. (APA 105).

Due to the serious and debilitating injuries he sustained from the fall, Claimant thereafter filed a workers' compensation claim against May River Roofing, Inc. and its carrier, American Zurich Insurance Company, asserting coverage as both a direct employee and a statutory employee, as well as a second workers' compensation claim against Travelers Property Casualty Co. pursuant to a policy issued to him as a sole proprietor (Francisco Cedeno doing business as Cedeno Roofing). By order of the Commission the two claims were consolidated into one claim including all Defendants and a single hearing was held on November 17, 2016. By Order dated May 23, 2017, the single Commissioner denied all claims. Claimant thereafter requested a full commission review of such Order.

QUESTION PRESENTED

Whether Claimant's January 18, 2016 accident and injuries are compensable under:

(a) Claimant's insurance policy with Travelers' Insurance;

(b) Defendant May River Roofing's insurance policy with American Zurich due to Claimant being a direct employee of Defendant May River Roofing, and/or

(c) Defendant May River Roofing's insurance policy with American Zurich due to Claimant being a statutory employee of Defendant May River Roofing.

Claimant lists sixty-seven (67) errors in his Request for Commission Review, the facts and arguments for which are set forth herein along with the APA Exhibits which are made a part hereof as if fully set forth herein, namely appealing the Hearing Commissioner's findings and conclusions in the Order of May 23, 2017 that Claimant's claims are not compensable under the South Carolina Workers' Compensation Act.

CONCLUSIONS OF LAW THAT ARE ERRONEOUS

1. Did the Hearing Commissioner err in concluding that the parties have stipulated that the Claimant's average weekly wage is $769.35 with a resulting compensation rate of $512.93?

2. Did the Hearing Commissioner err in concluding that "although Claimant argues that, pursuant to the parole evidence rule and a merger clause contained within the policy, evidence of coverage extrinsic to the policy language itself is irrelevant, I find such argument to be non-persuasive"?

3. Did the Hearing Commissioner err in concluding that although Claimant asserts that because the requirements of S.C. Code 42-1-410 were not strictly met such statute is inapplicable, such assertion is non-persuasive?

4. Did the Hearing Commissioner err in concluding that when he considered the controlling factors as to whether an individual is an employee or an independent contractor, the weight of the evidence is clearly on the side of the Claimant being an independent contractor?

5. Did the Hearing Commissioner err in considering evidence outside of the actual subject workers compensation policy issued by Travelers Property & Casualty Co. to Claimant in determining whether Claimant's claim was covered by such policy?

6. Did the Hearing Commissioner err in not concluding that Claimant was covered by the plain language of the subject workers compensation policy issued by Travelers Property & Casualty Co. to Claimant?

7. Did the Hearing Commissioner err in concluding that Claimant was an independent contractor and not an employee of May River Roofing?

8. Did the Hearing Commissioner err in concluding that Claimant cannot recover as a statutory employee of May River Roofing pursuant to S.C. Code § 42-1-410?

9. Did the Hearing Commissioner err in concluding that under S.C. Code 42-1-130, Claimant was a sole proprietor who was not included under Cedeno Roofing's workers' compensation policy?

10. Did the Hearing Commissioner err in concluding that under S.C. Code 42-1-130, Claimant was not an employee of May River Roofing or Cedeno Roofing; instead, he is the sole proprietor of Cedeno Roofing?

11. Did the Hearing Commissioner err in concluding that under S.C. Code 42-1-400 to -450, Claimant cannot recover as a "statutory employee" of May River Roofing or Cedeno Roofing?

12. Did the Hearing Commissioner err in concluding that Claimant is not entitled to benefits pursuant to the Act as he was an independent contractor of May River Roofing and therefore did not have coverage under its policy?

13. Did the Hearing Commissioner err in concluding that May River, Travelers Property Casualty and American Zurich Insurance are all absolved any responsibility as to this claim?

14. Did the Hearing Commissioner err in concluding that the financial responsibility for any medical care and treatment resulting from this work-related accident is the responsibility of the Claimant?

15. Did the Hearing Commissioner err in concluding that when the evidence is viewed as a whole, Claimant was a sub-contractor?

FINDINGS OF FACT THAT ARE CONTROLLED BY AN ERROR OF LAW

1. Did the Hearing Commissioner err in considering the testimony of Isabelle Diaz relating to Claimant's insurance application or other topics?

2. Did the Hearing Commissioner err in finding that when signing up for the policy, Isabelle Diaz, Hispanic Business Specialist at PC&L, testified that she specifically recalled meeting with Claimant when he initially applied for coverage?

3. Did the Hearing Commissioner err in finding that Claimant elected not to cover himself on his own policy?

4. Did the Hearing Commission err in finding that in the Cedeno Roofing insurance application, Claimant marked himself as excluded?

5. Did the Hearing Commissioner err in finding that Claimant purchased workers compensation insurance for the business, from which he knowingly excluded himself?

6. Did the Hearing Commissioner err in finding that Leslie Sandoval, who is the office manager for May River and the daughter of the owner, who testified at the hearing that Claimant was a sub-contractor, that the company does have employees who are handy men and drivers, that the company does not currently employ any roofers, that she contacts roofers and hires "companies" (her word) to come in and roof a house, that if they can't find a roofer, the job is delayed, that she schedules the jobs, does the estimates and pays for work performed, and that she issues IRS Form 1099s at the end of the year, was very credible?

7. Did the Hearing Commissioner err in finding that, regarding Claimant wearing a company T-shirt and having a sign for his car, neither of those things are dispositive as to whether he was an employee or sub-contractor?

8. Did the Hearing Commissioner err in finding that Claimant testified that his company files tax returns?

9. Did the Hearing Commissioner err in finding that Claimant opted not to cover himself in order to have a less expensive premium?

10. Did the Hearing Commissioner err in finding that Ms. Isabelle Diaz is bilingual and explained in Spanish to the Claimant exactly what type of policy he was purchasing?

11. Did the Hearing Commissioner err in finding that Ms. Isabelle Diaz testified that the Claimant purchased what is commonly referred to as a "ghost policy," meaning a policy that covers no one because the Claimant has no employees?

12. Did the Hearing Commissioner err in finding that Ms. Diaz testified that the Claimant did not select coverage for himself?

13. Did the Hearing Commissioner err in finding Isabelle Diaz to be very credible?

14. Did the Hearing Commissioner err in concluding that Claimant did not choose to elect coverage for himself pursuant to the Cedeno Roofing policy and he therefore is not entitled to benefits pursuant to the Act under that policy?

FINDINGS OF FACT NOT SUPPORTED BY A PREPONDERANCE OF THE EVIDENCE

1. Did the Hearing Commissioner err in finding as a matter of fact that May River contracted with Anchor Construction to perform roofing work for a residential home in Bull Point, a subdivision in Beaufort, South Carolina?

2. Did the Hearing Commissioner err in finding that May River subcontracted part of the roofing installation work to Cedeno Roofing?

3. Did the Hearing Commissioner err in finding that typically, for any given project, May River only interacted with Claimant when it submitted the work order to him and received an invoice from him?

4. Did the Hearing Commissioner err in finding that primarily, Claimant had free reign to work how and when he desired?

5. Did the Hearing Commissioner err in finding that Claimant was not supervised: instead, May River would only visit a job site once the project was complete to ensure the work had been performed?

6. Did the Hearing Commissioner err in finding that May River did not supervise the amount of work Claimant performed: instead, May River relied on invoices submitted by Claimant to determine remuneration for a given project?

7. Did the Hearing Commissioner err in finding that Claimant was free to alter the work order, unless it substantially altered the contract?

8. Did the Hearing Commissioner err in finding that Claimant was not required to check in with May River nor keep it apprised of his schedule; instead, Claimant created his own schedule – he was "on his own time"?

9. Did the Hearing Commissioner err in finding that Claimant was also free to negotiate the price of what he would get paid on a job by job basis?

10. Did the Hearing Commissioner err in finding that Claimant chose his own employees, without requiring the approval of May River?

11. Did the Hearing Commissioner err in finding that Claimant paid his own employees, not May River – who may not have known of the existence of Claimant's staff and had no part in selecting Claimant's workers?

12. Did the Hearing Commissioner err in finding that May River required its subcontractors to display its logos on shirts and magnets, but this was for advertising purposes?

13. Did the Hearing Commissioner err in finding that May River obtains business exclusively through referrals?

14. Did the Hearing Commissioner err in finding that May River also provided t-shirts and magnets (as well as hats, sweatshirts, and occasionally jackets) as gifts in great abundance including but not limited to May River's landlord, its clients, staff, subcontractors, and even people it had not met such as when the company sponsored a community event?

15. Did the Hearing Commissioner err in finding that as for payment, May River and Claimant negotiated the contractual price of $60.00 per 10 x 10 square of roofing laid, and Claimant would invoice May River for any repairs performed (amounting to approximately $25/hour)?

16. Did the Hearing Commissioner err in finding that Claimant negotiated his rate per square from $55.00 to $60.00, which was higher than what May River paid its other subcontractors?

17. Did the Hearing Commissioner err in finding that payments were not paid on any regular interval: May River would pay Claimant by check the week after a job was completed?

18. Did the Hearing Commissioner err in finding that Claimant was responsible to pay his employees however he saw fit?

19. Did the Hearing Commissioner err in finding that May River did not withhold any employee deductions from Claimant's pay; instead, May River issued Claimant a 1099, which Claimant used to file taxes in the name of his business?

20. Did the Hearing Commissioner err in finding that Claimant procured all of the tools/equipment required to complete each job: truck, ladder, compressor, roofing gun, tool punch, hammer, razors, etc.?

21. Did the Hearing Commissioner err in finding that May River acted as a vendor in supplying materials to Cedeno Roofing?

22. Did the Hearing Commissioner err in finding that May River would provide only those materials for which it would bill the ultimate client; for instance, it would provide shingles, paper, plastic, caps, and flashing?

23. Did the Hearing Commissioner err in finding that for larger projects, the contract between the parties was signed prior to the work; for smaller projects, the contract is signed after the work is completed?

24. Did the Hearing Commissioner err in finding that May River decided on this system to save its contractors time – instead of having to drive to the May River office for every change that arose at the job site, the hardcopy contract was formalized at the end of smaller jobs?

25. Did the Hearing Commissioner err in finding that Claimant filed taxes for his business and represented Cedeno Roofing to the state and federal government as a distinct legal entity for tax purposes?

26. Did the Hearing Commissioner err in finding that Claimant provided May River with a certificate of insurance for his business?

27. Did the Hearing Commissioner err in finding that beginning on June 2, 2015, Cedeno Roofing's carrier, PC&L, automatically sent May River a Certificate of Insurance for Cedeno Roofing's workers' compensation policy?

28. Did the Hearing Commissioner err in finding that as to the question of whether the Claimant is an employee or an independent contractor, there is evidence in the record that weighs to both?

29. Did the Hearing Commissioner err in finding that, based on the preponderance of the evidence, the Claimant is an independent contractor?

30. Did the Hearing Commissioner err in finding that the Claimant owns his own company – Cedeno Roofing?

31. Did the Hearing Commissioner err in finding that that Cedeno Roofing has its own workers' compensation insurance coverage?

32. Did the Hearing Commissioner err in finding that in addition to having his own workers' compensation insurance, the Claimant has his own truck, his own tools and his own ladder?

33. Did the Hearing Commissioner err in finding that if Claimant hires someone to assist him with a job, he does the hiring and that individual(s) answer solely to him?

34. Did the Hearing Commissioner err in finding that Claimant pays those hired by him to assist with a job for what he is paid for the job?

35. Did the Hearing Commissioner err in finding that Claimant testified that May River provided the building materials?

36. Did the Hearing Commissioner err in finding that Claimant testified that May River would assign him a project and that he would begin work normally at 8:00 or an hour before or after?

37. Did the Hearing Commissioner err in finding that Claimant determined when he finished work for the day?

38. Did the Hearing Commissioner err in finding that Claimant carried valid workers' compensation coverage?

FACTS

Francisco Cedeno Ramirez is thirty-nine years old and is married with four children. He and his family have lived in Hilton Head Island, South Carolina for twenty years, during which time he has worked as a roofer.

On January 18, 2016 while performing roofing work at the direction of May River Roofing atop the roof of a residential home located at 78 Tomotley Drive, Beaufort, South Carolina Francisco fell from the roof to the ground below, a drop of approximately 16 feet. Francisco was treated at the scene by the Beaufort County EMS and thereafter transported to Beaufort Memorial Hospital. As set forth in a medical questionnaire completed by treating physician Dr. Leland Stoddard, M.D., Francisco suffered injuries to his back, neck, both shoulders, chest, ribs, lungs, and bilateral upper extremities from the fall. (APA 105).

Claimant brought claims against the following workers' compensation policies:

(a) Claimant's insurance policy with Travelers' Insurance;

(b) Defendant May River Roofing's insurance policy with American Zurich due to Claimant being a direct employee of Defendant May River Roofing; and/or

(c) Defendant May River Roofing's insurance policy with American Zurich due to Claimant being a statutory employee of Defendant May River Roofing.

STANDARD OF REVIEW

Pursuant to South Carolina Code § 42-17-50, "[i]f an application for review is made to the Commission within fourteen days from the date when notice of the award shall have been given, the Commission shall review the award and, if good grounds be shown therefor, reconsider the evidence, receive further evidence, rehear the parties or their representatives and, if proper, amend the award."

"Pursuant to the statute governing review by the Workers' Compensation Commission, the Commission shall weigh the evidence as presented at the initial hearing and, if good grounds are shown, make its own findings of fact and reach its own conclusions of law consistent or inconsistent with those of the Single Commissioner." Pack v. State Department of Transportation, 381 S.C. 526, 535 (Ct. App. 2009).

"The Appellate Panel is the ultimate fact finder in Workers' Compensation cases and is not bound by the single commissioner's findings of fact." Hall v. Desert Aire, Inc., 656 S.E.2d 753, 758 (Ct. App. 2007) (internal citations omitted). "The question of whether an accident arises out of and in the course and scope of employment is largely a question of fact for the Appellate Panel. Gibson v. Spartanburg Sch. Dist. No. 3, 338 S.C. 510, 518 (Ct. App. 2000) (citing Grice v. Nat'l Cash Register Co., 250 S.C. 1 (1967)).

ARGUMENT

Claimant alleges coverage for his claim as follows:

1. Coverage under his own Travelers Insurance policy;
2. Coverage under the May River Roofing policy with American Zurich as a direct employee of May River Roofing; and
3. Coverage under the May River Roofing policy with American Zurich as a statutory employee of May River Roofing.

1. Coverage under his own Travelers Insurance policy

Claimant alleges that his claim is covered pursuant to the contract for insurance issued to him by Travelers Property Casualty Co. of America.[1]

Claimant asserts that:

1 Claimant's policy in effect on the date of injury, January 18, 2016, is found at APA 137.

> Insurance policies are subject to general rules of contract construction. Gambrell v. Travelers Ins. Companies, 280 S.C. 69, 310 S.E.2d 814 (1983). Terms of an insurance policy must be construed liberally in favor of the insured and strictly against the insurer. McCracken v. Government Employees Ins. Co., 284 S.C. 66, 325 S.E.2d 62 (1985); Kraft v. Hartford Ins. Companies, 279 S.C. 257, 305 S.E.2d 243 (1983).

Standard Fire Co. v. Marine Contracting and Towing Co., 301 S.C. 418, 392 S.E.2d 460 (S.C., 1990).

As set forth in such policy contract, Claimant is insured as an individual.

> 1.
>
> INSURED:
>
> CEDENO RAMIREZ, FRANCISCO DBA
> CEDENO ROOFING & WOODWORKING
> 90 DILLON RD APT D1
> HILTON HEAD SC 29926-3792
>
> Insured is AN INDIVIDUAL

(APA 137).

Further, the policy contract provides:

> B. Who Is Insured
>
> You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

(APA 141).

Claimant asserts that he is listed specifically as an individual insured on item 1, and thus he is insured individually pursuant to the plain language of this insurance contract. Claimant further asserts that Cedeno Roofing is not a partnership, so the remaining language of in this paragraph is inapplicable to the analysis of his claim.

Further, pursuant to the language of the policy "[T]he only agreements relating to this insurance are stated in this policy."

> **A. The Policy**
>
> This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

(APA 141). Therefore, Claimant asserts that any and all information outside of the subject written policy are subsumed by such policy and are therefore not relevant to the analysis of Claimant's coverage for his claim pursuant to said policy.

It is undisputed by Defendant Travelers that on January 18, 2016 while performing roofing work Claimant fell off of a roof in Beaufort County, South Carolina, sustaining personal injuries. (Hr. tr. pg. 69, ln. 12-16). Insofar as Claimant is individually insured for such work injury claim pursuant to the plain language of his workers compensation insurance policy issued to him by Travelers Property Casualty Co. of America, Claimant requests that the Commission Order same.

2. Coverage under the May River Roofing policy as a direct employee of May River Roofing

Claimant alleges that, pursuant to the four-factor right to control test set forth in Lewis v. L.B. Dynasty, 411 S.C. 637 (2015), despite whether or not he is deemed an independent contractor by Defendant May River Roofing, Claimant is a direct employee of May River Roofing, and, therefore, covered by its workers compensation policy with American Zurich. As set forth in Lewis, supra:

> We construe workers' compensation law liberally in favor of coverage to further the beneficent purpose of the Workers' Compensation Act; accordingly, only exceptions and restrictions to coverage are strictly construed. James v. Anne's Inc., 390 S.C. 188, 198, 701 S.E.2d 730, 735 (2010). The burden of proving the

relationship of employer and employee is upon the claimant, and this proof must be made by the greater weight of the evidence. Marlow v. E.L. Jones & Son, Inc., 248 S.C. 568, 570, 151 S.E.2d 747, 748 (1966). Whether a claimant is an employee or independent contractor is a jurisdictional question and therefore the Court may take its own view of the preponderance of the evidence. Wilkinson ex rel. Wilkinson v. Palmetto State Transp. Co., 382 S.C. 295, 299, 676 S.E.2d 700, 702 (2009). The crux of this determination is the purported employer's right to control the claimant in the performance of his work. Id. In analyzing the nature of a work relationship the Court examines four factors:

(1) direct evidence of the right or exercise of control;
(2) furnishing of equipment;
(3) method of payment;
(4) right to fire.

Shatto v. McLeod Reg'l Med. Ctr., 406 S.C. 470, 475–76, 753 S.E.2d 416, 419 (2013). Each factor is considered with equal force and the mere presence of one factor indicating an employment relationship is not dispositive of the inquiry. Id.

(1) Direct Evidence of the Right to or Exercise of Control

Francisco first became associated with May River Roofing approximately three (3) years ago after its owner, Antonio Sandoval, met Francisco while he was working at another company and invited Francisco to work with May River Roofing. (Hr. tr. pg. 33, ln. 16).

Antonio Sandobal, owner of May River Roofing, would typically assign particular residential roofing jobs to Claimant, potentially up to five (5) per day, although some jobs lasted as many as two or three days. (Hr. tr., pg. 71, ln. 2; pg. 34, ln. 15). Antonio Sandobal supervised Claimant's work (Hr. tr., pg. 34, ln. 21; pg. 51, ln. 21). Antonio Sandobal would sometimes give Claimant directions or indications. (Hr. tr., pg. 52, ln. 4). Occasionally May River Roofing would send Claimant to a job where it would have to be done on a certain day. (Hr. tr., pg. 52, ln. 14; pg. 55, ln. 8). It is notable that Antonio Sandobal required Claimant to work only for May River Roofing. (Hr. tr., pg. 34, ln. 3; pg. 62, ln. 16). Further, Antonio required Francisco to wear May River Roofing T-shirts and use May River Roofing's vehicle-signage while on the projects. (Hr. tr., pg. 34, ln. 3).

Claimant asserts that he was he was working on the subject construction job because he was assigned to the job by May River Roofing after other employees of May River Roofing could not complete the job. (APA 111, 120; hr. tr., pg. 36, ln. 5). Claimant asserts that Antonio Sandobal, owner of May River Roofing, supervises the work Claimant performs, including upon its completion. (APA 120). Claimant asserts that May River categorizes Claimant as a subcontractor solely for its own business purposes, irrespective of the actual relationship between the parties. (See APA 122). May River Roofing used to classify its roofers as employees, but made a change to using subcontractors for its own business reasons. (Hr. tr. pg. 60, ln. 19). May River Roofing's office manager, Leslie Sandobal, testified that "[w]e went from only having roofers to having subcontractors." (Hr. tr. pg. 72, ln. 8).

(2) **<u>The furnishing of equipment</u>**

Claimant asserts that May River Roofing provides the materials used in the roofing jobs through its account at ESPY Lumber (APA 124). (See also APA 124, "We provide all the materials for all of our subcontractors."). May River Roofing provided the shingles, nails, and other roofing materials, including paper, plastic caps, flashing, dumpsters, and other roofing materials for Claimant's roofing work from its account with Espy Lumber. (Cl. depo. tr., pg. 11, ln. 2) (Hr. tr., pg. 43, ln. 18). May River Roofer also supplied Claimant with a blower. (Hr. tr. pg. 43, ln. 18).

Claimant provided his own automobile, nail gun and compressor (without nails), tool-pouch and its contents, and a ladder, although May River Roofing would lend Claimant its ladder for Claimant's use. (Hr. tr. pg. 42, ln. 2). Claimant also asserts that he was required to wear a May River Roofing shirt while performing his work. (APA 115). Finally, Claimant asserts that May River Roofing also provides vehicle magnets displaying the name May River Roofing to be displayed on his work truck. (APA 119).

(3) **Method of payment**

Claimant asserts that he is paid by the job but that he does not know how much he will be paid for a job beforehand. (APA 109). Claimant asserts that he is paid $60 per roofing square (10 square feet of shingles) and $25 per hour by May River Roofing for extra repair work. (APA 109, 113). Claimant is paid via payroll the week following his completion of a job. (Hr. tr. pg. 35, ln. 5). Claimant is paid $25.00 per hour for repair work, and $60.00 per square for roofing work.[2] Following completion of the roofing work Claimant would report to May River Roofing how many squares the job required and how long Claimant was on the job. (Hr. tr. pg. 51, ln. 13.) Claimant asserts that his average weekly wage from May River Roofing was approximately $1,200.00. (Hr. tr. pg. 39, ln. 4).

(4) **Right to fire**

Claimant asserts that May River Roofing retains the right to hire or fire him for any particular job. (APA 122; hr. tr. pg. 39, ln. 6).

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2 A square is 100 square feet of shingles of roofing material. (Hr. tr. pg. 40, ln. 22).

In summary, considering the elements set forth above and the evidence in the record of the case for each element makes clear that Claimant was a direct employee of May River Roofing insofar as May River Roofing directed Claimant to particular roofing jobs, as many as five (5) per day, and supervised same, that it provided many of the important tool, equipment, and materials to Claimant to perform his work, that Claimant was paid via payroll a week after completion of his roofing jobs after he submitted the number of hours and squares the jobs called for, subject to an hourly rate and a rate per square, and that May River Roofing retained the ultimate right to fire Claimant. Accordingly, Claimant is a direct employee of May River Roofing and is therefore covered by its workers compensation insurance policy with American Zurich.

3. <u>Coverage under the May River Roofing policy as a statutory employee of May River Roofing</u>

Claimant alleges that, pursuant to S.C. Code § 42-1-410, Claimant is a statutory employee of May River Roofing, and, therefore, covered by its policy with American Zurich.

S.C. Code § 42-1-410 provides that when any person... referred to as "contractor," contracts to perform or execute any work for another person... the contractor shall be liable to pay to any workman employed in the work any compensation under this title which he would have been liable to pay if that workman had been immediately employed by him. Further, S.C. Code § 42-1-420 provides when a subcontractor in turn contracts with still another person... referred to as a "subcontractor"... the liability of the owner or contractor shall be the same as the liability imposed by Sections 42-1-400 and 42-1-410.

Claimant asserts that insofar as he was a subcontractor of May River Roofing, which was a subcontractor to Anchor Construction, he is a statutory employee of May River Roofing.

Non-Applicability of S.C. Code § 42-1-415

Notwithstanding S.C. Code § 42-1-410, as set forth above, S.C. Code § 42-1-415 provides that upon the submission of documentation to the commission that a contractor or subcontractor has represented himself to a higher tier subcontractor, contractor, or project owner as having workers' compensation insurance at the time the contractor or subcontractor was engaged to perform work, the higher tier subcontractor, contractor, or project owner must be relieved of any and all liability.

In this case this exemption from liability is inapplicable insofar as Defendant May River Roofing failed to comply with the statute's requirements.

Claimant asserts that May River Roofing may not avoid liability insofar as Claimant did not represent himself to May River Roofing as having workers compensation insurance as the Certificate indicated an exclusion from coverage (APA 156), and Claimant did not otherwise represent anything to May River Roofing regarding workers compensation insurance. (See APA 121: "A: I don't even think he gave it to me. I think his insurance company automatically send it to me."). Further, Claimant made no representations whatsoever regarding workers compensation insurance at the time he was engaged to perform work on the 78 Tomotley Drive project where he was injured. (See APA 120: "Q: Does [Claimant] provide the certificate of insurance for every job? A: No.). Rather, May River Roofing receives the copy of the certificate of insurance from the insurance carrier. (APA 120). Further, despite that Claimant's job on which he was injured began on January 18, 2016 (APA 125), May River Roofing did not request or receive a Certificate on such date, as is required by S.C. Code § 42-1-415 for Defendant May River Roofing to be excluded from liability (APA 121).

CONCLUSION

"We construe workers' compensation law liberally in favor of coverage to further the beneficent purpose of the Workers' Compensation Act; accordingly, only exceptions and restrictions are strictly construed." Lewis v. L.B. Dynasty, 411 S.C. 637, 641 (2015), citing James v. Anne's Inc., 390 S.C. 188, 198 (2010).

In this case the Claimant was severely injured after falling from a roof while performing residential roofing work. As set forth above Claimant seeks workers compensation coverage as both a direct employee and a statutory employee of Defendant May River Roofing, as well as pursuant to a policy issued to him as a sole proprietor by Travelers Insurance.

Claimant asserts that based upon the record of this case, to include the APA submissions and the hearing transcript, including as cited above, an Order of compensability is appropriate and proper, and Claimant respectfully requests same.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: 1600686
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Francisco Cedano Ramirez SSN:
Address: 90 Dillon Road, Apt. D1
City: Hilton Head Island State: SC Zip: 29926
Home Phone: (843) 338-5598 Work Phone:

Employer's Name: May River Roofing, Inc.
Address: P.O. Box 341
City: Bluffton State: SC Zip: 29910
Insurance Carrier: American Zurich Ins. Co. (Travellers)

Preparer's Name: Joseph DuBois Law Firm: Naert & DuBois, LLC Preparer's Phone #: (843) 686-5500

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☑ Claimant ☐ Employer (check one) Date of Injury or Illness: 1/18/2016 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Please see attached Addendum

(Check one) Oral argument ☑ **is** ☐ **is not requested. Appellant's request for oral argument is waived if not indicated on this form.**

☐ **Mediation**

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

SCWCC
JUN 08 2017
JUDICIAL

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Nikole Haltiwanger, Esquire
address P.O. Box 11267, Columbia, SC 29211 **on the** 5 **day of** June **20**17,
by first class postage certified mail personal service.

Preparer's Signature | Attorney (Title) | joe@lowcountrylegal.com (Email) | 6/5/2017 (Date)

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC Form # 30
Revised 7/13

30

REQUEST FOR COMMISSION REVIEW

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 1600686

Francisco Cedano Ramirez, Employee/Claimant, v. May River Roofing, Inc., Employer, American Zurich Insurance Company, Carrier, and Cedano Roofing, Employer, Travelers Property & Casualty Co., Carrier, Defendant(s).	**CLAIMANT'S ADDENDUM TO FORM 30**

Claimant's request for Commission Review of the Hearing Commissioner's Decision and Order is based upon the following grounds:

CONCLUSIONS OF LAW THAT ARE ERRONEOUS

1. Did the Hearing Commissioner err in concluding that the parties have stipulated that the Claimant's average weekly wage is $769.35 with a resulting compensation rate of $512.93?
2. Did the Hearing Commissioner err in concluding that "although Claimant argues that, pursuant to the parole evidence rule and a merger clause contained within the policy, evidence of coverage extrinsic to the policy language itself is irrelevant, I find such argument to be non-persuasive"?
3. Did the Hearing Commissioner err in concluding that although Claimant asserts that because the requirements of S.C. Code 42-1-410 were not strictly met such statute is inapplicable, such assertion is non-persuasive?
4. Did the Hearing Commissioner err in concluding that when he considered the controlling factors as to whether an individual is an employee or an independent contractor, the weight of the evidence is clearly on the side of the Claimant being an independent contractor?

5. Did the Hearing Commissioner err in considering evidence outside of the actual subject workers compensation policy issued by Travelers Property & Casualty Co. to Claimant in determining whether Claimant's claim was covered by such policy?

6. Did the Hearing Commissioner err in not concluding that Claimant was covered by the plain language of the subject workers compensation policy issued by Travelers Property & Casualty Co. to Claimant?

7. Did the Hearing Commissioner err in concluding that Claimant was an independent contractor and not an employee of May River Roofing?

8. Did the Hearing Commissioner err in concluding that Claimant cannot recover as a statutory employee of May River Roofing pursuant to S.C. Code § 42-1-410?

9. Did the Hearing Commissioner err in concluding that under S.C. Code 42-1-130, Claimant was a sole proprietor who was not included under Cedano Roofing's workers' compensation policy?

10. Did the Hearing Commissioner err in concluding that under S.C. Code 42-1-130, Claimant was not an employee of May River Roofing or Cedano Roofing; instead, he is the sole proprietor of Cedano Roofing?

11. Did the Hearing Commissioner err in concluding that under S.C. Code 42-1-400 to -450, Claimant cannot recover as a "statutory employee" of May River Roofing or Cedano Roofing?

12. Did the Hearing Commissioner err in concluding that Claimant is not entitled to benefits pursuant to the Act as he was an independent contractor of May River Roofing and therefore did not have coverage under its policy?

13. Did the Hearing Commissioner err in concluding that May River, Travelers Property Casualty and American Zurich Insurance are all absolved any responsibility as to this claim?

14. Did the Hearing Commissioner err in concluding that the financial responsibility for any medical care and treatment resulting from this work-related accident is the responsibility of the Claimant?

15. Did the Hearing Commissioner err in concluding that when the evidence is viewed as a whole, Claimant was a sub-contractor?

<u>FINDINGS OF FACT THAT ARE CONTROLLED BY AN ERROR OF LAW</u>

1. Did the Hearing Commissioner err in considering the testimony of Isabelle Diaz relating to Claimant's insurance application or other topics?

2. Did the Hearing Commissioner err in finding that when signing up for the policy, Isabelle Diaz, Hispanic Business Specialist at PC&L, testified that she specifically recalled meeting with Claimant when he initially applied for coverage?

3. Did the Hearing Commissioner err in finding that Claimant elected not to cover himself on his own policy?

4. Did the Hearing Commission err in finding that in the Cedano Roofing insurance application, Claimant marked himself as excluded?

5. Did the Hearing Commissioner err in finding that Claimant purchased workers compensation insurance for the business, from which he knowingly excluded himself?

6. Did the Hearing Commissioner err in finding that Leslie Sandoval, who is the office manager for May River and the daughter of the owner, who testified at the hearing that Claimant was a sub-contractor, that the company does have employees who are handy men and drivers, that the company does not currently employ any roofers, that she contacts roofers and hires "companies" (her word) to come in and roof a house, that if they can't find a roofer, the job is delayed, that she schedules the jobs, does the estimates and pays for work performed, and that she issues IRS Form 1099s at the end of the year, was very credible?

7. Did the Hearing Commissioner err in finding that, regarding Claimant wearing a company T-shirt and having a sign for his car, neither of those things are dispositive as to whether he was an employee or sub-contractor?

8. Did the Hearing Commissioner err in finding that Claimant testified that his company files tax returns?

9. Did the Hearing Commissioner err in finding that Claimant opted not to cover himself in order to have a less expensive premium?

10. Did the Hearing Commissioner err in finding that Ms. Isabelle Diaz is bilingual and explained in Spanish to the Claimant exactly what type of policy he was purchasing?

11. Did the Hearing Commissioner err in finding that Ms. Isabelle Diaz testified that the Claimant purchased what is commonly referred to as a "ghost policy," meaning a policy that covers no one because the Claimant has no employees?

12. Did the Hearing Commissioner err in finding that Ms. Diaz testified that the Claimant did not select coverage for himself?

13. Did the Hearing Commissioner err in finding Isabelle Diaz to be very credible?

14. Did the Hearing Commissioner err in concluding that Claimant did not choose to elect coverage for himself pursuant to the Cedano Roofing policy and he therefore is not entitled to benefits pursuant to the Act under that policy?

FINDINGS OF FACT NOT SUPPORTED BY A PREPONDERANCE OF THE EVIDENCE

1. Did the Hearing Commissioner err in finding as a matter of fact that May River contracted with Anchor Construction to perform roofing work for a residential home in Bull Point, a subdivision in Beaufort, South Carolina?

2. Did the Hearing Commissioner err in finding that May River subcontracted part of the roofing installation work to Cedano Roofing?

3. Did the Hearing Commissioner err in finding that typically, for any given project, May River only interacted with Claimant when it submitted the work order to him and received an invoice from him?

4. Did the Hearing Commissioner err in finding that primarily, Claimant had free reign to work how and when he desired?

5. Did the Hearing Commissioner err in finding that Claimant was not supervised: instead, May River would only visit a job site once the project was complete to ensure the work had been performed?

6. Did the Hearing Commissioner err in finding that May River did not supervise the amount of work Claimant performed: instead, May River relied on invoices submitted by Claimant to determine remuneration for a given project?

7. Did the Hearing Commissioner err in finding that Claimant was free to alter the work order, unless it substantially altered the contract?

8. Did the Hearing Commissioner err in finding that Claimant was not required to check in with May River nor keep it apprised of his schedule; instead, Claimant created his own schedule – he was "on his own time"?

9. Did the Hearing Commissioner err in finding that Claimant was also free to negotiate the price of what he would get paid on a job by job basis?

10. Did the Hearing Commissioner err in finding that Claimant chose his own employees, without requiring the approval of May River?

11. Did the Hearing Commissioner err in finding that Claimant paid his own employees, not May River – who may not have known of the existence of Claimant's staff and had no part in selecting Claimant's workers?

12. Did the Hearing Commissioner err in finding that May River required its subcontractors to display its logos on shirts and magnets, but this was for advertising purposes?

13. Did the Hearing Commissioner err in finding that May River obtains business exclusively through referrals?

14. Did the Hearing Commissioner err in finding that May River also provided t-shirts and magnets (as well as hats, sweatshirts, and occasionally jackets) as gifts in great abundance including but not limited to May River's landlord, its clients, staff, subcontractors, and even people it had not met such as when the company sponsored a community event?

15. Did the Hearing Commissioner err in finding that as for payment, May River and Claimant negotiated the contractual price of $60.00 per 10 x 10 square of roofing laid, and Claimant would invoice May River for any repairs performed (amounting to approximately $25/hour)?

16. Did the Hearing Commissioner err in finding that Claimant negotiated his rate per square from $55.00 to $60.00, which was higher than what May River paid its other subcontractors?

17. Did the Hearing Commissioner err in finding that payments were not paid on any regular interval: May River would pay Claimant by check the week after a job was completed?

18. Did the Hearing Commissioner err in finding that Claimant was responsible to pay his employees however he saw fit?

19. Did the Hearing Commissioner err in finding that May River did not withhold any employee deductions from Claimant's pay; instead, May River issued Claimant a 1099, which Claimant used to file taxes in the name of his business?

20. Did the Hearing Commissioner err in finding that Claimant procured all of the tools/equipment required to complete each job: truck, ladder, compressor, roofing gun, tool punch, hammer, razors, etc.?

21. Did the Hearing Commissioner err in finding that May River acted as a vendor in supplying materials to Cedano Roofing?

22. Did the Hearing Commissioner err in finding that May River would provide only those materials for which it would bill the ultimate client; for instance, it would provide shingles, paper, plastic, caps, and flashing?

23. Did the Hearing Commissioner err in finding that for larger projects, the contract between the parties was signed prior to the work; for smaller projects, the contract is signed after the work is completed?

24. Did the Hearing Commissioner err in finding that May River decided on this system to save its contractors time – instead of having to drive to the May River office for every change that arose at the job site, the hardcopy contract was formalized at the end of smaller jobs?

25. Did the Hearing Commissioner err in finding that Claimant filed taxes for his business and represented Cedano Roofing to the state and federal government as a distinct legal entity for tax purposes?

26. Did the Hearing Commissioner err in finding that Claimant provided May River with a certificate of insurance for his business?

27. Did the Hearing Commissioner err in finding that beginning on June 2, 2015, Cedano Roofing's carrier, PC&L, automatically sent May River a Certificate of Insurance for Cedano Roofing's workers' compensation policy?

28. Did the Hearing Commissioner err in finding that as to the question of whether the Claimant is an employee or an independent contractor, there is evidence in the record that weighs to both?

29. Did the Hearing Commissioner err in finding that, based on the preponderance of the evidence, the Claimant is an independent contractor?

30. Did the Hearing Commissioner err in finding that the Claimant owns his own company – Cedeno Roofing?

31. Did the Hearing Commissioner err in finding that that Cedano Roofing has its own workers' compensation insurance coverage?

32. Did the Hearing Commissioner err in finding that in addition to having his own workers' compensation insurance, the Claimant has his own truck, his own tools and his own ladder?

33. Did the Hearing Commissioner err in finding that if Claimant hires someone to assist him with a job, he does the hiring and that individual(s) answer solely to him?

34. Did the Hearing Commissioner err in finding that Claimant pays those hired by him to assist with a job for what he is paid for the job?

35. Did the Hearing Commissioner err in finding that Claimant testified that May River provided the building materials?

36. Did the Hearing Commissioner err in finding that Claimant testified that May River would assign him a project and that he would begin work normally at 8:00 or an hour before or after?

37. Did the Hearing Commissioner err in finding that Claimant determined when he finished work for the day?

38. Did the Hearing Commissioner err in finding that Claimant carried valid workers' compensation coverage?

[signature block on following page]

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June 5, 2017
Hilton Head Island, SC

CERTIFICATE

I hereby certify and attest that this Amended Designation of Matter to be Included in the Record on Appeal contains no matter which is irrelevant to the appeal.

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