

WRS209B|SER:000371918|YYQ:201|UID:|Page:1

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

	425 W Capitol				DWS ID NUME DATE QUARTE FEDERAL ID N REPORT DUE	R ENDED 03	0.394083 5/31/20 - 1502754
	Little Rock	AR	72201			d return if no wa	
1. 2. 3. 4. 5. 6. 7. 8. 9.	Out of state wages if emp Taxable wages (subtract ite Contribution rate for this re Contribution due for this qu Amount of debit or credit f Interest (accrued on all un Penalty (see instructions) Total amount due	personal ser 1,00 (see insi- loyee(s) are em 3 and 4 f porting periou parter (multiperson previous paid contrib	vices, incluructions) paid in moreom item 2 pod ply item 5 I s quarters utions at t	uding bonuses/cultiple states (se 2, enter results h	e instructions; ere)	\$\$\$\$\$\$\$\$	14624.00 0.00 14624.00 3.10000% 453.34
12.	Amount of remittance (mal	ke payable to) Arkansas I	Department of Wo	orktorce Servic	es) \$	453.34
PAI	DO NOT ALTER TO RT B. Enter the SSN, first name, middle total wages paid to each employ quarter in the space provided be provided).	e initial, last n	calendar	Initial Amt received			
	SOCIAL SECURITY NUMBER	FIRST NAM	IE, MIDDLE I	NITIAL & LAST NAM	E OF EMPLOYEE	т.	OTAL WAGES PAID
1)	906-72-7209	Graciela	Benigno			\$ _	4380.00
₂ 2)	678-10-3902	Poornimad	evi Muth	aian		\$ _	5600.00
ATTACH CHECK HERE () () () () () () () () () (964-90-8965						4644.00
8)							
,	PAGE ONE OF PAGE(S) I HEREBY CERTIFY THIS REPORT ANY EMPLOYEE.	TOTAL NO. ON THIS REP	OF EMPLOYI	EES TOTAL	WAGES FOR T	THIS PAGE \$ _	
	SIGNATURE	TITL	E		ATE	TELEPHONI	≣
	REV 03/11/20 QBDT						DWS-ARK-209B (REV. 01-09)

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EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

	anana Leaf LLC 25 W Capitol				DWS ID NUMBER DATE QUARTER EI FEDERAL ID NUMI REPORT DUE DAT	BER 90-150 E 07/3	0/20 2754 1/20
L	Little Rock	AR	72201		Check box and re	turn if no wages	
1. 2. 3. 4. 5. 6. 7. 8. 9.	TA. Number of employees in the Total of all wages paid for p Wages in excess of \$7,000. Out of state wages if employees in the Contribution rate for this rep Contribution due for this quo Amount of debit or credit from Interest (accrued on all unpopenalty (see instructions)	ersonal services of the control of t	ices, incluuctions) paid in muom item 2 d	ding bonuses/outliple states (see see see see see see see see see	ee instructions) nere)	\$\$ \$\left\{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}\sqrt{\sqrt{\sq}\sign}\signgta}\sqrt{\sqrt{\sq}}}}}}\sqit{\sqrt{\sq}\sign{\sqrt{\sqrt{\sq}	3756.00 3.10000% 116.44
1.1	Total amount due					\$	116.44
	Amount of remittance (make to be not alter The to be not alter The to be not alter the total tot		, Alkarisas E	Initial			CASHIER'S STAMP
	Enter the SSN, first name, middle total wages paid to each employe quarter in the space provided be provided).	ee during the d low (continuat	calendar ion sheet	Amt received			
	SOCIAL SECURITY NUMBER	FIRST NAM	IE, MIDDLE I	NITIAL & LAST NA	ME OF EMPLOYEE	тот	AL WAGES PAID
1)	964-90-8965	Erika E Lara Zavala				\$	2541.00
ATTACH CHECK HERE () () () () () () () () () (PAGE ONE OF1 PAGE(S)	Poornimad TOTAL NO. ON THIS REF	OF EMPLOY		IL WAGES FOR THI	\$ \$ \$	6291.00
	I HEREBY CERTIFY THIS REPORT			ND NO PARTS OF	THE CONTRIBUTION	HAVE OR WILL	BE BORNE BY
	SIGNATURE SIGNATURE				DATE 7/7/20		
	REV 06/18/20 OBDT						(REV. 01-09)

REV 06/18/20 QBDT

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EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

	425 W Capitol				FEDERAL II	RTER ENDED D NUMBER	0003990 09/30 90-1502	/20 754
	Little Rock	AR	72201		REPORT DI Check box	JE DATE and return if n	10/31 o wages r	
1. 2. 3. 4. 5. 6. 7. 8. 9.	Amount of debit or credit f Interest (accrued on all un Penalty (see instructions) Total amount due	personal services of the personal services of	vices, incluructions) paid in mu rom item 2 od oly item 5 k s quarters utions at th	uding bonuses, ultiple states (s 2, enter results by 0.03100)	JUL 1st mo of qtr /commission ee instructio here)	AUG 2nd 1 0 of qtr s	\$\$ \$<\$ \$<\$ \$\$ \$\$	SEP 3rd mo of qtr 2 11457.00 11457.00 0.00 3.10000% 0.00
12.	Amount of remittance (ma	ke payable to	Arkansas [Department of V	Vorkforce Ser	vices)	\$	0.00
PAF	DO NOT ALTER T	HIS FORM		Initial			C	ASHIER'S STAMP
	Enter the SSN, first name, middle total wages paid to each employ quarter in the space provided be provided). SOCIAL SECURITY NUMBER	ree during the celow (continuat	calendar cion sheet	Amt received	ME OF EMPLO	YFF	TOTAL	WAGES PAID
1)	964-90-8965			la			\$	
2)	678-10-3902							
ATTACH CHECK HERE (8) (8) (8) (8)							\$ \$	
	PAGE ONE OF PAGE(S)	TOTAL NO. ON THIS REPO	DRT _2		- WAGES FOR		•	
	I HEREBY CERTIFY THIS REPORT ANY EMPLOYEE.	IS TRUE AND (CORRECT AN	D NO PARTS OF	THE CONTRIBU	TION HAVE OF	WILL BE	BORNE BY
	SIGNATURE	TITLE	=		DATE	TELEP	HONE	
ı	REV 06/18/20 QBDT			FOR VOUR RE				DWS-ARK-209B (REV. 01-09)

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EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

	Banana Leaf LLC 425 W Capitol Little Rock	AR 72201		DWS ID NUMBE DATE QUARTER FEDERAL ID NU REPORT DUE D Check box and	ENDED 12/3	31/20 02754 31/21
ם א כו	RT A.			OCT	NOV	DEC
	Number of employees in th	ne pay period includin	a the 12th of	1st mo	2nd mo of qtr <u>2</u>	3rd mo of atr 2
	Total of all wages paid for		~			
	Wages in excess of \$7,000		_			
	Out of state wages if emp	· · · · · · · · · · · · · · · · · · ·				
	Taxable wages (subtract ite				-	0.00
	Contribution rate for this re			•	-	3.10000%
7.						0.00
8.	Amount of debit or credit f					
	Interest (accrued on all un	· · · · · · · · · · · · · · · · · · ·				
	Penalty (see instructions)	•				
11.	Total amount due	*************				0.00
12.	Amount of remittance (ma	ke payable to Arkansas	Department of Wo	orkforce Service	es) \$	0.00
PAF	DO NOT ALTER T RT B. Enter the SSN, first name, middle total wages paid to each employ quarter in the space provided be provided).	le initial, last name and /ee during the calendar	Initial Amt received			
	SOCIAL SECURITY NUMBER	FIRST NAME, MIDDLE	INITIAL & LAST NAM	E OF EMPLOYEE	тот	AL WAGES PAID
1)	964-90-8965	Erika E Lara Zava	ıla		\$	4680.00
	678-10-3902	Poornimadevi Muth	naian		\$	7500.00
3)					\$	
4)					\$	
55)					\$	
5 (6)					ė	
7)		·			\$	
8)					\$	
	PAGE ONE OF PAGE(S)	TOTAL NO. OF EMPLOY ON THIS REPORT 2		WAGES FOR TI	HIS PAGE \$	12180.00
	I HEREBY CERTIFY THIS REPORT ANY EMPLOYEE.					
	SIGNATURE	TITLE		DATE	TELEPHONE	
						DWS-ARK-209F