

**Filing and Printing Instructions**

FEDERAL ANNUAL FORM 940/SCHEDULE A

Name

GULF COAST ELECTRIC CO., LLC

Address

33090 HAINES DR

City, State, and ZIP Code

SLIDELL, LA 704604072

INSTRUCTIONS FOR MAILING YOUR PAYROLL TAX RETURN

Please mail your return and payment to the following address by 01/31/2011:

Internal Revenue Service

P.O. Box 105078

Atlanta, GA 30348-5078

Remember to sign and enter required information in the signature line.

SPECIAL INSTRUCTIONS FOR EXEMPT ORGANIZATIONS OR NO LEGAL ADDRESS

If your business has no principal legal residence or place of business in any state, please mail your return to:

Internal Revenue Service

P.O. Box 105174

Atlanta, GA 30348-5174

If you are filing this return for an exempt organization or government entity, please mail your return to:

Internal Revenue Service

P.O. Box 105078

Atlanta, GA 30348-5078

Remember to sign and enter required information in the signature line.

PRINTING AND FILING INSTRUCTIONS

The printed form may look different from the form provided by the U.S. government. However, the format has been approved by the U.S. government as long as you print the form with black ink on white bond 8-1/2-in x 11-in sized paper of at least 20 lb weight.

Please staple multiple sheets in the upper left corner when filing.

KEEP THIS PAGE FOR YOUR RECORDS -- DO NOT MAIL.

(EIN)  
 Employer identification number 02-0788384

Name (not your trade name) GULF COAST ELECTRIC CO., LLC

Trade name (if any) Gulf Coast Electric, LLC

Address 33090 HAINES DR  
SLIDELL LA 70460-4072

**Type of Return (Check all that apply.)**

a. Amended

b. Successor employer

c. No payments to employees in 2010.

d. Final: Business closed or stopped paying wages

QBM940P1 10/09/10

Read the separate instructions before you fill out this form. Please type or print within the boxes.  
**Part 1: Tell us about your return. If any line does NOT apply, leave it blank.**

- 1 If you were required to pay your state unemployment tax in...**
- 1 a One state only**, enter the state abbreviation ..... **1 a** LA
- OR -
- 1 b More than one state** (You are a multi-state employer) ..... **1 b**  Check here. Fill out Schedule A.

- 2 If you paid wages in a state that is subject to CREDIT REDUCTION** ..... **2**  Check here. Fill out Schedule A (Form 940), Part 2.

**Part 2: Determine your FUTA tax before adjustments for 2010. If any line does NOT apply, leave it blank.**

- 3 Total payments to all employees** ..... **3** 246,329.19
- 4 Payments exempt from FUTA tax** ..... **4** \_\_\_\_\_

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

- 5 Total of payments made to each employee in excess of \$7,000** ..... **5** 172,112.81
- 6 Subtotal** (line 4 + line 5 = line 6) ..... **6** 172,112.81
- 7 Total taxable FUTA wages** (line 3 - line 6 = line 7) ..... **7** 74,216.38
- 8 FUTA tax before adjustments** (line 7 x .008 = line 8) ..... **8** 593.73

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

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054** (line 7 x .054 = line 9). Then go to line 12 ..... **9** \_\_\_\_\_
- 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late** (after the due date for filing Form 940), fill out the worksheet in the instructions. Enter the amount from line 7 of the worksheet ..... **10** \_\_\_\_\_
- 11 If credit reduction applies**, enter the amount from line 3 of Schedule A (Form 940) ..... **11** \_\_\_\_\_

**Part 4: Determine your FUTA tax and balance due or overpayment for 2010. If any line does NOT apply, leave it blank.**

- 12 Total FUTA tax after adjustments** (lines 8 + 9 + 10 + 11 = line 12) ..... **12** 593.73
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year** ..... **13** \_\_\_\_\_
- 14 Balance due** (If line 12 is more than line 13, enter the difference on line 14.)
- If line 14 is more than \$500, you must deposit your tax.
  - If line 14 is \$500 or less, you may pay with this return. For more information on how to pay, see the separate instructions
- ..... **14** 593.73
- 15 Overpayment** (If line 13 is more than line 12, enter the difference on line 15 and check a box below) ..... **15** \_\_\_\_\_

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

Name (not your trade name) <b>GULF COAST ELECTRIC CO., LLC</b>	Employer identification number (EIN) <b>02-0788384</b>
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**Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.**

**16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

**16a 1st quarter** (January 1 - March 31) ..... **16a** \_\_\_\_\_

**16b 2nd quarter** (April 1 - June 30) ..... **16b** \_\_\_\_\_

**16c 3rd quarter** (July 1 - September 30) ..... **16c** \_\_\_\_\_

**16d 4th quarter** (October 1 - December 31) ..... **16d** \_\_\_\_\_ 593.73

**17 Total tax liability for the year** (lines 16a + 16b + 16c + 16d = line 17) ..... **17** \_\_\_\_\_ 593.73 **Total must equal line 12.**

**Part 6: May we speak with your third-party designee?**

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

**Yes.** Designee's name and phone number \_\_\_\_\_

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

**No.**

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

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

**Sign your name here**

Print your name here \_\_\_\_\_

Print your title here \_\_\_\_\_

Date \_\_\_\_\_

Best daytime phone \_\_\_\_\_

**Paid preparer use only**

Check if you are self-employed .....

Preparer's name \_\_\_\_\_

PTIN \_\_\_\_\_

Preparer's signature \_\_\_\_\_

Date \_\_\_\_\_

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

EIN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP code \_\_\_\_\_

**cy Act and Paperwork Reduction Act Notice.**

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Chapter 23, Federal Unemployment Tax Act, of Subtitle C, Employment Taxes, of the Internal Revenue Code imposes a tax on employers with respect to employees. This form is used to determine the amount of the tax that you owe. Section 6011 requires you to provide the requested information if you are liable for FUTA tax under section 3301. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner or provide a false or fraudulent form, you may be subject to penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of

Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions to administer their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping .....	9 hr., 19 min.
Learning about the law or the form ....	1 hr., 23 min.
Preparing, copying, assembling, and sending form to the IRS .....	1 hr., 36 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 940 simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 940 to this address. Instead, see *Where Do You File?* on page 2 of the Instructions for Form 940.

----- **▼ Detach Here and Mail With Your Payment and Form 940. ▼** -----

Department of the Treasury  
Internal Revenue Service

**2010**

**Form 940-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 940.
- ▶ Do not staple this voucher or your payment to Form 940.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your employer identification number (EIN) on your check or money order.

Enter the amount of your payment .....	593.73
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QBM940V 12/07/10 1030

GULF COAST ELECTRIC CO., LLC  
33090 HAINES DR

SLIDELL

LA 70460-4072

Internal Revenue Service  
P.O. Box 105078  
Atlanta

GA 30348-5078

020788384 CR GULF 10 2 201012 610

(EIN) Employer identification number	02-0788384		
Name (not your trade name)	GULF COAST ELECTRIC CO., LLC		
Trade name (if any)	Gulf Coast Electric, LLC		
Address	33090 HAINES DR		
	SLIDELL	LA	70460-4072

**Report for this Quarter of 2011** (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

QBMT2901 03/02/11

**Part 1: Answer these questions for this quarter.**

<b>1</b> Number of employees who received wages, tips, or other compensation including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) . . .	<b>1</b>	_____	<b>6</b>
<b>2</b> Wages, tips, and other compensation . . . . .	<b>2</b>	_____	97,246.35
<b>3</b> Income tax withheld from wages, tips, and other compensation . . . . .	<b>3</b>	_____	9,352.69
<b>4</b> If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/>	<b>Check and go to line 6e.</b>
		<i>Column 1</i>	<i>Column 2</i>
<b>5 a</b> Taxable social security wages . . . . .		97,246.35	x .104 = 10,113.62
<b>5 b</b> Taxable social security tips . . . . .		_____	x .104 = _____
<b>5 c</b> Taxable Medicare wages & tips . . . . .		97,246.35	x .029 = 2,820.14
<b>5 d</b> Add Column 2 lines 5a, Column 2 line 5b, and Column 2 line 5c . . . . .	<b>5 d</b>	_____	12,933.76
<b>5 e</b> Section 3121(q) Notice and Demand — Tax due on unreported tips(see instructions) . . . . .	<b>5 e</b>	_____	_____
<b>6 a</b> Reserved for future use.			
<b>6 b</b> Reserved for future use.			
		<b>Do Not Complete Lines 6a-6d</b>	
<b>6 c</b> Reserved for future use.		_____	<b>6 d</b> _____
<b>6 e</b> Total taxes before adjustments (add lines 3, 5d, and 5e) . . . . .	<b>6 e</b>	_____	22,286.45
<b>7</b> Current quarter's adjustment for fractions of cents . . . . .	<b>7</b>	_____	-0.01
<b>8</b> Current quarter's adjustment for sick pay . . . . .	<b>8</b>	_____	_____
<b>9</b> Current quarter's adjustments for tips and group-term life insurance . . . . .	<b>9</b>	_____	_____
<b>10</b> Total taxes after adjustments. Combine lines 6e through 9 . . . . .	<b>10</b>	_____	22,286.44
<b>11</b> Total deposits, including prior quarter overpayments . . . . .	<b>11</b>	_____	22,346.87
<b>12a</b> COBRA premium assistance payments (see instructions) . . . . .	<b>12a</b>	_____	_____
<b>12b</b> Number of individuals provided COBRA premium assistance. . . . .		_____	_____
<b>13</b> Add lines 11 and 12a . . . . .	<b>13</b>	_____	22,346.87
<b>14</b> Balance due. If line 10 is more than line 13, enter difference and see instructions . . . . .	<b>14</b>	_____	_____
<b>15</b> Overpayment. If line 13 is more than line 10, enter difference . . . . .		60.43	<b>Check one:</b> <input checked="" type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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

Name (not your trade name) <b>GULF COAST ELECTRIC CO., LLC</b>	Employer identification number (EIN) <b>02-0788384</b>
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**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 LA Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

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

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

Tax liability: Month 1 8,736.33

Month 2 6,979.28

Month 3 6,570.83

Total liability for quarter 22,286.44 Total must equal line 10.

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

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

18 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages \_\_\_\_\_.

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

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

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

Yes. Designee's name and phone number \_\_\_\_\_

QBMT2902 03/02/11

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

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

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

**Sign your name here**

Print your name here James K. Dammon

Print your title here President

Date 09/04/2011

Best daytime phone (985) 649-5832

**Paid Preparer's Use Only**

Check if you are self-employed . . . . .

Preparer's name \_\_\_\_\_

PTIN \_\_\_\_\_

Preparer's signature \_\_\_\_\_

Date \_\_\_\_\_

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

EIN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP code \_\_\_\_\_

Form **941** for 2011: **Employer's QUARTERLY Federal Tax Return**  
 (Rev. January 2011) Department of the Treasury – Internal Revenue Service

970111

OMB No. 1545-0029

(EIN) Employer identification number	02-0788384		
Name (not your trade name)	GULF COAST ELECTRIC CO., LLC		
Trade name (if any)	Gulf Coast Electric, LLC		
Address	33090 HAINES DR		
	SLIDELL	LA	70460-4072

**Report for this Quarter of 2011** (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

QBMT2901 03/02/11

**Part 1: Answer these questions for this quarter.**

<b>1</b> Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) . . .	<b>1</b>	<u>11</u>
<b>2</b> Wages, tips, and other compensation . . . . .	<b>2</b>	<u>71,578.78</u>
<b>3</b> Income tax withheld from wages, tips, and other compensation . . . . .	<b>3</b>	<u>6,297.00</u>
<b>4</b> If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .	<input type="checkbox"/>	Check and go to line 6e.
	<i>Column 1</i>	<i>Column 2</i>
<b>5 a</b> Taxable social security wages . . . . .	<u>71,578.78</u>	x .104 = <u>7,444.19</u>
<b>5 b</b> Taxable social security tips . . . . .		x .104 = _____
<b>5 c</b> Taxable Medicare wages & tips . . . . .	<u>71,578.78</u>	x .029 = <u>2,075.78</u>
<b>5 d</b> Add Column 2 lines 5a, Column 2 line 5b, and Column 2 line 5c . . . . .	<b>5 d</b>	<u>9,519.97</u>
<b>5 e</b> Section 3121(q) Notice and Demand – Tax due on unreported tips(see instructions) . . . . .	<b>5 e</b>	_____
<b>6 a</b> Reserved for future use.		
<b>6 b</b> Reserved for future use.		
<b>Do Not Complete Lines 6a-6d</b>		
<b>6 c</b> Reserved for future use.		
<b>6 d</b> Reserved for future use.		
<b>6 e</b> Total taxes before adjustments (add lines 3, 5d, and 5e) . . . . .	<b>6 e</b>	<u>15,816.97</u>
<b>7</b> Current quarter's adjustment for fractions of cents . . . . .	<b>7</b>	<u>0.05</u>
<b>8</b> Current quarter's adjustment for sick pay . . . . .	<b>8</b>	_____
<b>9</b> Current quarter's adjustments for tips and group-term life insurance . . . . .	<b>9</b>	_____
<b>10</b> Total taxes after adjustments. Combine lines 6e through 9 . . . . .	<b>10</b>	<u>15,817.02</u>
<b>11</b> Total deposits, including prior quarter overpayments . . . . .	<b>11</b>	_____
<b>12 a</b> COBRA premium assistance payments (see instructions) . . . . .	<b>12 a</b>	_____
<b>12 b</b> Number of individuals provided COBRA premium assistance. . . . .		_____
<b>13</b> Add lines 11 and 12a . . . . .	<b>13</b>	_____
<b>14</b> Balance due. If line 10 is more than line 13, enter difference and see instructions . . . . .	<b>14</b>	<u>15,817.02</u>
<b>15</b> Overpayment. If line 13 is more than line 10, enter difference . . . . .		_____

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

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

Next ▶

Name (not your trade name) <b>GULF COAST ELECTRIC CO., LLC</b>	Employer identification number (EIN) <b>02-0788384</b>
---	---

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 LA Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

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

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

Tax liability:	Month 1	4,025.60
	Month 2	3,734.58
	Month 3	8,056.84

Total liability for quarter 15,817.02 Total must equal line 10.

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

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

18 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages \_\_\_\_\_.

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

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

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

Yes. Designee's name and phone number \_\_\_\_\_

QBMT2902 03/02/11

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

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

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

**Sign your name here**

Print your name here James K Dammon

Print your title here President

Date 09/04/2011

Best daytime phone (985) 649-5832

**Paid Preparer's Use Only**

Check if you are self-employed . . . . .

Preparer's name \_\_\_\_\_ PTIN \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.**  
 We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages, including income tax withholding. Form 941 is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identifying numbers. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of

Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . . . 13 hr., 52 min.
- Learning about the law or the form** . . . . . 47 min.
- Preparing, copying, assembling, and sending the form to the IRS** . . . . . 1 hr., 3 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

▼ Detach Here and Mail With Your Payment and Form 941. ▼

Department of the Treasury  
 Internal Revenue Service

**2011**

**Form 941-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 941.
- ▶ Do not staple this voucher or your payment to Form 941.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your employer identification number (EIN) on your check or money order.

Enter the amount of your payment . . . . . ▶	15,817.02
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QBMT2903 01/11/11 1030

GULF COAST ELECTRIC CO., LLC  
 33090 HAINES DR  
 SLIDELL LA 70460-4072

Internal Revenue Service  
 P.O. Box 105083  
 Atlanta GA 30348-5083

020788384 CR GULF 01 2 201106 610

**Gulf Coast Electric, LLC**  
**Payroll Summary**  
July through September 2011

	Cynthia Robison		Damon S Padgett		David Fielding-Guerrero	
	Hours	Rate	Hours	Rate	Hours	Rate
<b>Employee Wages, Taxes and Adjustments</b>						
<b>Gross Pay</b>						
Administrative Hourly	232.25	17.00				
Construction Labor Hourly			409.5	15.00	406	16.00
Construction Labor OT Hourly			1	22.50	17	24.00
Kit Dammon						
<b>Total Gross Pay</b>	232.25		410.5		423	
<b>Deductions from Gross Pay</b>						
Miscellaneous Deduction						
Payment on Advance						
<b>Total Deductions from Gross Pay</b>						
<b>Adjusted Gross Pay</b>	232.25		410.5		423	
<b>Taxes Withheld</b>						
Federal Withholding						
Medicare Employee						
Social Security Employee						
LA - Withholding						
<b>Total Taxes Withheld</b>						
<b>Deductions from Net Pay</b>						
Rent Deduction						
<b>Total Deductions from Net Pay</b>						
<b>Net Pay</b>	232.25		410.5		423	
<b>Employer Taxes and Contributions</b>						
Federal Unemployment						
Medicare Company						
Social Security Company						
LA - Unemployment Company						
<b>Total Employer Taxes and Contributions</b>						

**Gulf Coast Electric, LLC**  
**Payroll Summary**  
July through September 2011

	Edward W Rhody		Elias Gonzalez		Emilio Barrios	
	Hours	Rate	Hours	Rate	Hours	Rate
<b>Employee Wages, Taxes and Adjustments</b>						
<b>Gross Pay</b>						
Administrative Hourly	342	16.00	440	17.83	200	12.75
Construction Labor Hourly	6.5	24.00	58	26.75	48	19.13
Construction Labor OT Hourly						
Kirt Dammon						
<b>Total Gross Pay</b>	348.5		498		248	
Deductions from Gross Pay						
Miscellaneous Deduction		0.00		0.00		0.00
Payment on Advance		0.00		0.00		0.00
<b>Total Deductions from Gross Pay</b>		0.00		0.00		0.00
<b>Adjusted Gross Pay</b>	348.5	5,628.00	498	8,902.90	248	3,468.24
<b>Taxes Withheld</b>						
Federal Withholding		-620.00		-1,020.00		-470.00
Medicare Employee		-81.61		-129.10		-50.29
Social Security Employee		-236.38		-373.92		-145.67
LA - Withholding		-157.26		-271.93		-109.10
<b>Total Taxes Withheld</b>		-1,095.25		-1,794.95		-775.06
<b>Deductions from Net Pay</b>		0.00		0.00		0.00
Rent Deduction		0.00		0.00		0.00
<b>Total Deductions from Net Pay</b>		0.00		0.00		0.00
<b>Net Pay</b>	348.5	4,532.75	498	7,107.95	248	2,693.18
<b>Employer Taxes and Contributions</b>						
Federal Unemployment		33.76		3.35		20.82
Medicare Company		81.61		129.10		50.29
Social Security Company		348.94		551.98		215.03
LA - Unemployment Company		129.44		28.93		79.77
<b>Total Employer Taxes and Contributions</b>		593.75		713.36		365.91

**Gulf Coast Electric, LLC**  
**Payroll Summary**  
July through September 2011

	Jervino L Smith		John Lewis		Kenneth Adams	
	Hours	Rate	Hours	Rate	Hours	Rate
<b>Employee Wages, Taxes and Adjustments</b>						
<b>Gross Pay</b>						
Administrative Hourly	137.5	16.00	431.5	19.00	408.5	13.00
Construction Labor Hourly	3.25	24.00	14	28.50	3	19.50
Construction Labor OT Hourly						
Kirt Dammon						
<b>Total Gross Pay</b>	<b>140.75</b>		<b>445.5</b>		<b>411.5</b>	
<b>Deductions from Gross Pay</b>						
Miscellaneous Deduction		0.00		0.00		0.00
Payment on Advance		0.00		0.00		0.00
<b>Total Deductions from Gross Pay</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>
<b>Adjusted Gross Pay</b>	<b>140.75</b>		<b>445.5</b>		<b>411.5</b>	
<b>Taxes Withheld</b>						
Federal Withholding						
Medicare Employee		-48.00		-548.00		-601.00
Social Security Employee		-33.03		-139.38		-85.30
LA - Withholding		-95.68		-403.72		-247.06
		-56.13		-233.24		-156.30
<b>Total Taxes Withheld</b>		<b>-232.84</b>		<b>-1,324.34</b>		<b>-1,089.66</b>
<b>Deductions from Net Pay</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>
Rent Deduction		0.00		0.00		0.00
<b>Total Deductions from Net Pay</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>
<b>Net Pay</b>	<b>140.75</b>		<b>445.5</b>		<b>411.5</b>	
<b>Employer Taxes and Contributions</b>						
Federal Unemployment		13.67		0.00		0.00
Medicare Company		33.03		139.38		85.30
Social Security Company		141.24		595.98		364.71
LA - Unemployment Company		52.39		0.00		0.00
<b>Total Employer Taxes and Contributions</b>		<b>240.33</b>		<b>735.36</b>		<b>450.01</b>

**Gulf Coast Electric, LLC**  
**Payroll Summary**  
July through September 2011

	Kevin Boswell (employee)		Kevin Sweeney		Kirt Dammon (employee)	
	Hours	Rate	Hours	Rate	Hours	Rate
<b>Employee Wages, Taxes and Adjustments</b>						
<b>Gross Pay</b>						
Administrative Hourly	459	35.28				
Construction Labor Hourly	78	52.92	346.5	15.00	491	35.28
Construction Labor OT Hourly						
Kirt Dammon						
<b>Total Gross Pay</b>	537		346.5		491	
		20,321.28				17,322.48
<b>Deductions from Gross Pay</b>						
Miscellaneous Deduction		0.00				-1,293.16
Payment on Advance		0.00				0.00
<b>Total Deductions from Gross Pay</b>		0.00				-1,293.16
<b>Adjusted Gross Pay</b>	537		346.5		491	
		20,321.28				16,029.32
<b>Taxes Withheld</b>						
Federal Withholding		-2,117.00				-2,420.00
Medicare Employee		-294.66				-251.18
Social Security Employee		-853.49				-727.54
LA - Withholding		-616.27				-660.00
<b>Total Taxes Withheld</b>		-3,881.42				-4,058.72
<b>Deductions from Net Pay</b>						
Rent Deduction		0.00				0.00
<b>Total Deductions from Net Pay</b>		0.00				0.00
<b>Net Pay</b>	537		346.5		491	
		16,439.86				11,970.60
<b>Employer Taxes and Contributions</b>						
Federal Unemployment		0.00				0.00
Medicare Company		294.66				251.18
Social Security Company		1,259.92				1,073.99
LA - Unemployment Company		0.00				0.00
<b>Total Employer Taxes and Contributions</b>		1,554.58				1,325.17

**Gulf Coast Electric, LLC**  
**Payroll Summary**  
July through September 2011

	Mathew Hebert		Nelson Chavarria		Torrance Beauford	
	Hours	Rate	Hours	Rate	Hours	Rate
<b>Employee Wages, Taxes and Adjustments</b>						
<b>Gross Pay</b>						
Administrative Hourly	425	16.00	200	18.25	446	29.00
Construction Labor Hourly	0.5	24.00	46	27.38	68	43.50
Construction Labor OT Hourly						
Kirt Dammon						
<b>Total Gross Pay</b>	<b>425.5</b>		<b>246</b>		<b>514</b>	
Deductions from Gross Pay						
Miscellaneous Deduction						
Payment on Advance						
<b>Total Deductions from Gross Pay</b>						
<b>Adjusted Gross Pay</b>	<b>425.5</b>		<b>246</b>		<b>514</b>	
<b>Taxes Withheld</b>						
Federal Withholding						
Medicare Employee						
Social Security Employee						
LA - Withholding						
<b>Total Taxes Withheld</b>						
Deductions from Net Pay						
Rent Deduction						
<b>Total Deductions from Net Pay</b>						
<b>Net Pay</b>	<b>425.5</b>		<b>246</b>		<b>514</b>	
<b>Employer Taxes and Contributions</b>						
Federal Unemployment						
Medicare Company						
Social Security Company						
LA - Unemployment Company						
<b>Total Employer Taxes and Contributions</b>						

**Gulf Coast Electric, LLC**  
**Payroll Summary**  
July through September 2011

	TOTAL	
	Hours	Rate
		Jul - Sep 11
<b>Employee Wages, Taxes and Adjustments</b>		
<b>Gross Pay</b>		
Administrative Hourly	232.25	3,948.25
Construction Labor Hourly	4,651.50	90,053.72
Construction Labor OT Hourly	343.25	11,919.68
Kirt Dammou	491.00	17,322.48
<b>Total Gross Pay</b>	<b>5,718.00</b>	<b>123,244.13</b>
<b>Deductions from Gross Pay</b>		
Miscellaneous Deduction		-2,464.30
Payment on Advance		-600.00
<b>Total Deductions from Gross Pay</b>		<b>-3,064.30</b>
<b>Adjusted Gross Pay</b>	<b>5,718.00</b>	<b>120,179.83</b>
<b>Taxes Withheld</b>		
Federal Withholding		-12,689.00
Medicare Employee		-1,787.06
Social Security Employee		-5,176.25
LA - Withholding		-3,776.08
<b>Total Taxes Withheld</b>		<b>-23,428.39</b>
<b>Deductions from Net Pay</b>		
Rent Deduction		-3,046.12
<b>Total Deductions from Net Pay</b>		<b>-3,046.12</b>
<b>Net Pay</b>	<b>5,718.00</b>	<b>93,705.32</b>
<b>Employer Taxes and Contributions</b>		
Federal Unemployment		163.75
Medicare Company		1,787.06
Social Security Company		7,641.14
LA - Unemployment Company		675.86
<b>Total Employer Taxes and Contributions</b>		<b>10,267.81</b>