

Jefferson County Industrial Development Agency

800 Starbuck Avenue, Suite 800
Watertown, New York 13601
Telephone 315-782-5865 / 800-553-4111
Fax 315-782-7915
www.jcida.com

TO: **JCIDA Loan Review Committee**
Robert E. Aliasso, Jr., Chair
David Converse
John Jennings

FROM: David J. Zembiec, CEO

DATE: July 21, 2021

SUBJECT: **JCIDA Loan Review Committee Meeting**

A JCIDA Loan Review Committee meeting has been scheduled for **Wednesday, July 28, 2021 at 8:30 a.m.** in the board room, 800 Starbuck Avenue, Watertown, NY.

Please confirm your attendance with Peggy Sampson pssampson@jcida.com at your earliest convenience.

Thank you.

pss

C: Lyle Eaton
Marshall Weir
W. Edward Walldroff
Paul Warneck
William Johnson
Lisa L'Huillier
Kent Burto
Greg Gardner
Christine Powers
Rob Aiken
Justin Miller, Esq.
Media

Jefferson County Industrial Development Agency

800 Starbuck Avenue, Suite 800

Watertown, New York 13601

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www.jcida.com

JCIDA LOAN REVIEW COMMITTEE

Wednesday, July 28, 2021

8:30 a.m.

AGENDA

- I. Call to Order**
- II. Pledge of Allegiance**
- III. Brooks Delivery, LLC**
- IV. Other/Unfinished business**
- V. Adjournment**

DRAFT

**JEFFERSON COUNTY INDUSTRIAL DEVELOPMENT AGENCY
Resolution Number 08.05.2021.01**

**RESOLUTION FOR AUTHORIZING A MICRO ENTERPRISE LOAN TO
Brooks Delivery, LLC**

WHEREAS, Erin Brooks, owner/manager of Brooks Delivery, LLC requested by application to this Agency a Micro Enterprise Loan in the amount of Forty Thousand Dollars (\$40,000.00) to take over an existing courier business contracted through FedEx, and

WHEREAS, Staff reviewed this request and recommends approval of a loan in the amount of \$40,000 for a five-year amortization with a rate of 5%. There are currently two positions and 17 will be added in year one. Collateral will be a second position lien on the equipment behind Watertown Savings Bank and a personal guarantee of Erin Brooks. The loan will be contingent upon bank financing, and

WHEREAS, on July 28, 2021, the Loan Review Committee of the Jefferson County Industrial Development Agency reviewed this request and recommended approval of the loan and terms to the full Board of Directors, and

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of the Jefferson County Industrial Development Agency that it herein approved the request for a Forty Thousand Dollar (\$40,000.00) loan to Brooks Delivery, LLC with all terms and conditions as set forth in this Resolution, and be it further,

RESOLVED, that the Chairman, Vice Chairman, Secretary and/or Chief Executive Officer are authorized and directed to execute any and all documents necessary to carry out the purposes of this Resolution.

This resolution shall take effect immediately.

W. Edward Walldroff
Secretary

**Jefferson County Industrial Development Agency
Loan Review Committee**

Date: 7/28/2021

Borrower: Erin Brooks, Brooks Delivery, LLC

Amount: \$40,000.00

Project: Funding to take over existing courier business contracted through FedEx

Personnel: 19

Sources and Uses:

Personal Cash	\$41,265	Purchase of business	\$391,127
Bank Loan	\$331,387	Working Capital	\$21,525
JCIDA MICRO Loan	\$40,000		
Total Project	\$412,652		\$412,652

Terms:

5 year loan, 5 % interest, contingent on bank financing

Financials:

Financials of the previous owner of this business show it to be very profitable

Collateral:

UCC filing, second position lien on assets of the organization and personal guarantee of Erin Brooks

Proforma-Brooks Delivery, LLC

Proforma Sales	Year 1	Year 2	Year 3
Sales	\$2,462,320	\$2,462,320	\$2,462,320
Cost of Goods Sold	\$0	\$0	\$0
Gross Profit	\$2,462,320	\$2,462,320	\$2,462,320
Expenses	\$1,193,719	\$1,192,009	\$1,190,211
Net Profit	\$1,268,601	\$1,270,311	\$1,272,109
Depreciation	\$0	\$0	\$0
Cash Flow	\$1,268,601	\$1,270,311	\$1,272,109
Debt Service Requirem	\$33,426	\$35,137	\$36,934
Excess Cash	\$1,235,175	\$1,235,174	\$1,235,175

Application for Financial Assistance

Date of Application: _____

Applicant (Company) Information:

Applicant Name: Erin Brooks
 Applicant Address: 141 Maynard Ave
 Phone: 315-317-4816 Fax: N/A
 Website: _____ E-mail: brooksdeliveryllc@gmail.com
 Federal ID#: 36-4975283 NAICS: _____
 State and Year of Incorporation/Organization: New York 2020 LLC
 List of stockholders, members, or partners of Applicant: N/A

Individual Completing Application:

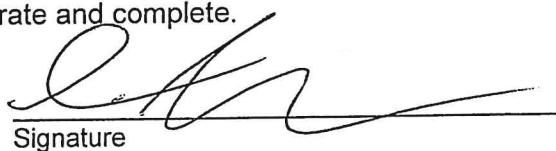
Name: Erin Brooks
 Title: President/Owner
 Address: 141 Maynard Ave Dexter, NY 13634
 Phone: 315-317-4816 Fax: _____
 E-Mail: brooksdeliveryllc@gmail.com

Company Counsel (if applicable):

Name of Attorney: _____
 Firm Name: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

Company Acknowledgment and Certification: The contents contained in this Application to the best of my knowledge and belief are true, accurate and complete.

Brooks, Erin
 Print Name


 Signature

Owner
 Title

2021 0602
 Date

Internal Use Only:

 Signature of Agency Representative

 Date

Revised Date: _____, Revision #: _____

Document Date: February 4, 2021

Schedule A

Personal Financial Statement

As of: April 27th, 20 21

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 10% or more interest and each general partner, or (3) each stockholder owning 10% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name Brooks, Erin Carol Business Phone (315) 317-9816
 Residence Address 141 Maynard Ave Residence Phone: (415) 265-9131
 City, State, & Zip Code Dexter, NY 13634
 Business Name of Applicant/Borrower Brooks Delivery LLC

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & in Banks	\$ <u>10,000</u>	Accounts Payable	\$ <u>0</u>
Savings Accounts	\$ <u>1,000</u>	Notes Payable to Banks and Others	\$ <u>0</u>
IRA or Other Retirement Account	\$ <u>2309.17</u>	(Describe in Section 2)	
Accounts & Notes Receivable	\$ <u>0</u>	Installment Account (Auto)	\$ <u>0</u>
Life Insurance-Cash Surrender Value Only	\$ <u>400,000.17</u>	Mo. Payment \$	
(Complete Section 8)		Installment Account (other)	\$
Stocks and Bonds	\$	Mo. Payment \$	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$ <u>159,365</u>	Mortgages on Real Estate	\$ <u>935.18</u>
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ <u>5000.00</u>	Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
Total	\$ <u>583,674.17</u>	Net Worth	\$
		Total	\$ <u>935.18</u>

Section 1. Source of income	Contingent Liabilities
Salary	As Endorser or Co-Maker.
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

VA Retirement (monthly)

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others.

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	y Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.

(List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Type of Property	Property A	Property B	Property C
Name & Address of Title Holder	Brooks, Erin 141 Maynard Ave Dexter		
Date Purchased	12/19/2018		
Original Cost	\$118,861.00		
Present Market Value	\$159,365		
Name & Address of Mortgage Holder	Veterans United		
Mortgage Account Number	0638460376		
Mortgage Balance	\$110,249.17		
Amount of Payment per Month/Year	\$935.18		
Status of Mortgage	Active		

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

N/A

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

U.S. Department of Defense
\$400,000 Survivor Benefit Plan Premium
Madelyn Santiago

I authorize the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature:  Date: 20210427

Social Security Number: _____

Signature: _____ Date: _____

Social Security Number: _____

Bankruptcy, Litigation and Felony History

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? If yes, describe below:

YES

NO
X

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction? If yes, describe below.

X

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? If yes, describe below.

X

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? If yes, describe below.

X



Signature

20210427

Date

Brooks, Erin C. Owner

Printed Name and Title

Confirmation Documentation:

Schedule C

The applicant understands and agrees that if the Project receives assistance from the Agency/Corporation—either tax incentives or loans—the applicant agrees to provide the Agency/Corporation, if requested, with a copy of their 'Annual Report', their 'Annual Audit Report', their corporate or personal tax returns and/or their New York State Form 'NYS-45' (Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return), as appropriate, throughout the period that benefits are provided the company. These reporting requirements—specifically identified in Closing Documents, Loan Documents or other project specific agreements—may be used by the Agency/Corporation to assist us in verifying that commitments made as part of this application—regarding stated goals for employment or capital investment in the project—are being achieved.

Schedule D

Employment Plan

(A) Job Title	(B) Annual or Salary Wages	(C) Current Number of Positions	(D) Jobs Created: Year One	(E) Jobs Created: Year Two	(F) Jobs Created: Year Three	(G) Total Jobs to be Created
Owner / Manager	1500	1				1
Manager (B)	950	1				1
Drivers (Daily Rate x 5)	800		17			17
TOTALS:	3,250	2	17			19

Instructions:

- Column A:** Insert the job titles that exist within the company at the time of application, as well as any job titles that will be established as a result of the project.
- Column B:** Indicate the entry level wage for each listed job title either in terms of hourly pay or annual salary.
- Column C:** For each listed job title insert the number of positions that exist at the time of application.
- Column D:** Insert the number of jobs to be created during year one of the project for each listed job title.
- Column E:** Insert the number of jobs to be created during year two of the project for each listed job title.
- Column F:** Insert the number of jobs to be created during year three of the project for each listed job title.
- Column G:** Indicate the total number of jobs to be created for each listed title as a result of the project. (Column D + Column E + Column F = Column G)

Use as many copies of this form as necessary.

Form NCA IA



Signature of Applicant

Date 202/0427

"The following information is required by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity:
Hispanic or *Latino* X
Not Hispanic or Latino _____

Race: (Mark one or more)
White _____ Black or *African American* X
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female X

BROOKS DELIVERY, INC.

141 MAYNARD AVE
DXTER, NY 13634
(315) 317-4816

BUSINESS PROPOSAL BY

Erin C. Brooks

With Assistance From
NYS SMALL BUSINESS DEVELOPMENT CENTER
at
Jefferson Community College
Watertown, New York 13601

STATEMENT OF PURPOSE

This is a financing proposal and operating guide. Brooks Delivery, LLC. is seeking funding totaling \$515,000 to take over an existing courier business contracted through FedEx. The funds will be repaid from profits generated by the business. This investment makes good sense because the current company has turned a sizeable profit yearly for over three decades. Currently GSMR Delivery LLC is on track to gross \$2.2 million, this is the current contract.

DESCRIPTION OF BUSINESS

Brooks Delivery, LLC will be a contracted courier for FedEx that provides pickup and delivery services within the warehouse for the assigned area. Brooks Delivery, LLC will conduct business seven days a week. The official date to start will be June 5th, 2021. The current contract that owns the routes, GSMR Delivery LLC, is selling all thirteen routes to include trucks and equipment. A relationship has been established with current customers on the routes that I will be purchasing. The relationship will be maintained with current customers and the quality of service will be improved or maintained where need be.

LOCATION

The contract will be in Watertown, NY at the FedEx terminal located at 21043 County Rte 200, Watertown, NY 13601. The service area will be Jefferson County and Lewis County, NY. The market for this business will be local businesses ranging from dealerships and offices to major retail stores like Lowe's and Walmart. The residential market will be the small cities and college communities to the farmers and Amish community. A delivery and pickup service is vital to the rural areas here in both Jefferson and Lewis Counties. The most popular residential deliveries currently are boxes of food or ready-made meals such as: Misfits, Blue Apron, Freshly etc., and products from Walmart and Sam's Club. With the current pandemic food deliveries have increased, but also common items such as electronics and common household supplies due to the drop in people traveling to stores.

MANAGEMENT

Erin Brooks, owner, has lived in Jefferson County, NY for the past three years and has owned property for four years. Ms. Brooks joined the US Army and eventually retired in December 2018 as a Sergeant. During her time in the US Army she acquired a Bachelorette degree; Criminal Justice B.S. Ms. Brooks worked at United Parcel Service prior to her time in the Army. She supervised package handlers, delivery trucks, nineteen hourly employees, and two part time supervisors. Daily she kept accountability of over thirty million dollars worth of customer purchases and company's products. After three months as an hourly employee, unloading tractor-trailers, Ms. Brooks was promoted to Part Time Supervisor. The section she supervised received a productivity rating of no less than 94.5%. This included routes, lost packages, employee package loading rate, early morning service times that were met and timely deliveries.

During her time in the US Army Provided air and space situational awareness; provided real-time status reporting during combat. Responsible for the movement, placement, operations and maintenance of air defense and space early warning and command and control systems in various locations and environments. As a Sergeant she supervised a team of soldiers learning the THAAD systems, driving, and overall US Army standards. Each soldier supervised, 22 soldiers in Fire Control Platoon, A-4 THAAD, passed every test for the systems with a 95% or better.

The Owner duties will entail similar managerial responsibilities that Ms. Brooks has performed while serving her country and working for United Parcel Service. Her duties for Brooks Delivery, LLC will be identifying needs of the company, hiring personnel, purchasing vehicles, payroll. Maintenance for all vehicles and company

MANAGEMENT (continued)

equipment logs will also be the responsibility of the owner. The owner's weekly salary will be \$1,500 weekly until the company has completely paid off the start-up cost.

As the owner Ms. Brooks will oversee running background checks on new employees and current. Keeping track of all the safety training that needs to be completed and their due dates. Maintaining accountability over the tablet and scanner accounts so that each driver can efficiently complete their route. This is a monthly charged account. Completing payroll so that all employees are paid on time and accounts are balanced so that every cost is covered to include the loan. Daily setup of all thirteen routes and organizing all scheduled pickups.

There will also be a supervisor, referred to as a Business Contact by FedEx, this will be Adam Ward. He has worked for FedEx as a driver for two years. He is currently a part time maintenance supervisor for GSMR and a full-time driver. He has a background in mechanics and management. His salary will be \$950 weekly so that the business will be able to pay off the start-up cost. His duties will be to maintain maintenance records; these records will keep track of miles, engine hours, parts used as well as parts needed. There will be an established maintenance budget and Mr. Ward will do his best to stay within the budget and keep the fleet operational daily. This is vital to the day-to-day operations of this business.

MARKET

Our industry as a whole has increased more than 100% over the last 10 years. Due to the current pandemic more people have realized that ordering things is the most convenient way to purchase items. Just within this year GSMR has doubled in size. The volume has doubled allowing for drivers to receive a raise and for GSMR to double their profit. Profits were originally projected at \$1.2 million but they were able to clear approximately \$2.69 million.

PERSONNEL

Initially the number of drivers needed are 17, we currently have 17 hired drivers now. No further employees are planned for unless business grows more rapidly than we have forecasted.

Form 1120S

U.S. Income Tax Return for an S Corporation

OMB No 1545-0123

2017

Department of the Treasury
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Go to www.irs.gov/Form1120S for instructions and the latest information.

For calendar year 2017 or tax year beginning , ending

A S election effective date 7/1/2006	TYPE OR PRINT	Name GSMR DELIVERY INC	D Employer identification number 20-4908816
B Business activity code number (see instructions) 484110		Number, street, and room or suite no. If a P.O. box, see instructions. 3574 COUNTY ROUTE 17	E Date incorporated 7/1/2006
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town DE KALB JUNCTION	State NY
		ZIP code 13630	
		Foreign country name Foreign province/state/county Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☒ Selection termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	859,544	1c	859,544
	b Returns and allowances	1b		2	
	c Balance. Subtract line 1b from line 1a			3	859,544
	2 Cost of goods sold (attach Form 1125-A)			4	
	3 Gross profit. Subtract line 2 from line 1c			5	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			6	859,544
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)			7	
	6 Total income (loss). Add lines 3 through 5			8	319,557
	7 Compensation of officers (see instructions—attach Form 1125-E)			9	77,398
	8 Salaries and wages (less employment credits)			10	
	9 Repairs and maintenance			11	
	10 Bad debts			12	30,173
	11 Rents			13	8,127
	12 Taxes and licenses			14	49,187
	13 Interest			15	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			16	4,637
	15 Depletion (Do not deduct oil and gas depletion.)			17	
	16 Advertising			18	
	17 Pension, profit-sharing, etc., plans			19	345,114
	18 Employee benefit programs			20	834,193
	19 Other deductions (attach statement)			21	25,351
Tax and Payments	20 Total deductions. Add lines 7 through 19			22a	
	21 Ordinary business income (loss). Subtract line 20 from line 6			22b	
	22a Excess net passive income or LIFO recapture tax (see instructions)			22c	0
	b Tax from Schedule D (Form 1120S)			23a	
	c Add lines 22a and 22b (see instructions for additional taxes)			23b	
	23a 2017 estimated tax payments and 2016 overpayment credited to 2017			23c	
	b Tax deposited with Form 7004			23d	0
	c Credit for federal tax paid on fuels (attach Form 4136)			24	
	d Add lines 23a through 23c			25	0
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			26	0
25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			27	0	
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid					
27 Enter amount from line 26 Credited to 2018 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>					

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.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Sign Here

Signature of officer

Date

President

Title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

Joseph T Roe

3/30/2018

P00024357

Firm's name JT Roe

Firm's EIN 16-7445603

Firm's address 426 Welsford Rd

Phone no. 215-943-7551

City Fairless Hills

State PA

ZIP code 19030

For Paperwork Reduction Act Notice, see separate instructions.

H1A

Form 1120S (2017)

Form 1120S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2018

For calendar year 2018 or tax year beginning

ending

A Selection effective date 7/1/2006	TYPE OR PRINT	Name GSMR DELIVERY INC			D Employer identification number 20-4908816
B Business activity code number (see instructions) 484110		Number, street, and room or suite no. If a P.O. box, see instructions. 3574 COUNTY ROUTE 17			E Date incorporated 7/1/2006
		City or town DE KALB JUNCTION	State NY	ZIP code 13630	F Total assets (see instructions) \$ 689,097
C Check if Sch. M-3 attached <input type="checkbox"/>		Foreign country name	Foreign province/state/county	Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ Selection termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1,243,728	1c	1,243,728
	1b	Returns and allowances			
	c	Balance. Subtract line 1b from line 1a			
	2	Cost of goods sold (attach Form 1125-A)			
	3	Gross profit. Subtract line 2 from line 1c		1,243,728	
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)			
Deductions (see instructions for limitations)	5	Other income (loss) (see instructions—attach statement)			
	6	Total income (loss). Add lines 3 through 5		1,243,728	
	7	Compensation of officers (see instructions—attach Form 1125-E)			
	8	Salaries and wages (less employment credits)		384,395	
	9	Repairs and maintenance			
	10	Bad debts		118,653	
	11	Rents			
	12	Taxes and licenses		35,229	
	13	Interest (see instructions)		6,537	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		56,658	
	15	Depletion (Do not deduct oil and gas depletion.)			
	16	Advertising		5,880	
	17	Pension, profit-sharing, etc. plans			
	18	Employee benefit programs			
	19	Other deductions (attach statement)		429,653	
20	Total deductions. Add lines 7 through 19		1,037,005		
21	Ordinary business income (loss). Subtract line 20 from line 6		206,723		
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)			
	22b	Tax from Schedule D (Form 1120S)			
	c	Add lines 22a and 22b (see instructions for additional taxes)		0	
	23a	2018 estimated tax payments and 2017 overpayment credited to 2018			
	b	Tax deposited with Form 7004			
	c	Credit for federal tax paid on fuels (attach Form 4136)			
	d	Refundable credit from Form 8827, line 8c			
	e	Add lines 23a through 23d		0	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			
	25	Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed		0	
	26	Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid		0	
27	Enter amount from line 26: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		0		

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.

May the IRS discuss this return
with the preparer shown below
(see instructions)? ☒ Yes ☐ NoSign
Here

Signature of officer

Date

President

Title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if
self-employed

PTIN

Joseph Roe

3/28/2019

P00024357

Firm's name

JT ROE

Firm's EIN

16-7445603

Firm's address

426 WELSFORD RD

Phone no.

(215) 943-7551

City

FAIRLESS HILLS

State

PA

ZIP code

19030

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2018)

117A

Form 1120-S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2019

For calendar year 2019 or tax year beginning

ending

A S election effective date 7/1/2006	TYPE OR PRINT	Name GSMR DELIVERY INC	D Employer identification number 20-4908816	
B Business activity code number (see instructions) 484110		Number, street, and room or suite no. If a P.O. box, see instructions. 3574 COUNTY ROUTE 17	E Date incorporated 7/1/2006	
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town DE KALB JUNCTION	State NY	F Total assets (see instructions) 514,32
		Foreign country name	Foreign province/state/county	Foreign postal code

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ Selection termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	1,627,230
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	1,627,23
	2 Cost of goods sold (attach Form 1125-A)	2	
	3 Gross profit. Subtract line 2 from line 1c	3	1,627,23
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)	5	
	6 Total income (loss). Add lines 3 through 5	6	1,627,23
	7 Compensation of officers (see instructions—attach Form 1125-E)	7	
	8 Salaries and wages (less employment credits)	8	560,16
	9 Repairs and maintenance	9	
	10 Bad debts	10	
	11 Rents	11	
	12 Taxes and licenses	12	49,26
	13 Interest (see instructions)	13	34,36
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	55,20
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16	8,62
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18	
	19 Other deductions (attach statement)	19	705,16
Tax and Payments	20 Total deductions. Add lines 7 through 19	20	1,412,80
	21 Ordinary business income (loss). Subtract line 20 from line 6	21	214,42
	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23a 2019 estimated tax payments and 2018 overpayment credited to 2019	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Reserved for future use	23d	
	e Add lines 23a through 23d	23e	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed	25	
26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid	26		
27 Enter amount from line 26: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	27		

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.

May the IRS discuss this return with the preparer shown below? See instructions ☒ Yes ☐ No

Sign Here

Signature of officer _____ Date _____ President _____ Title _____

Paid Preparer Use Only

Print/Type preparer's name Joseph T Roe	Preparer's signature J T Roe	Date 6/29/2020	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00024357
Firm's name J T Roe	Firm's address 426 Welsford Road	Firm's EIN 16-7445603	Phone no. (215) 943-7551	
City Fairless Hills	State PA	ZIP code 19030		

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120-S (2019)

HTA