

CONFIDENTIAL

COMPANY: SEBRING GAS CO
TITLE: SALARIES
PERIOD: YEAR END 12/31/01
DATE: OCTOBER 10, 2002
AUDITOR: RKY
WP NO.

KW 11/19/02

010906-GU

SUBJECT: ACCOUNT 920 - ADMINISTRATIVE AND GENERAL SALARIES

- 1 This account increased from \$49,725.48 for the year 2000 to \$75,581.22 for year 2001, an
- 2 increase of \$25,855.74. Of this amount \$22,525 is an increase in salary for the general manager,
- 3 Jerry Melendy Jr.. His salary increased from \$14,575 in 2000 to \$37,100 in 2001. Mr.
- 4 Melendy stated that he worked at least a minimum of 40 hrs. a week for Sebring Gas. He
- 5 booked all of his hours to account 920. There is no specific record to show whether his work is
- 6 construction, operation, or maintenance related.
- 7 He also works for Coker Fuel, a family owned business. He stated that he works
- 8 approximately 60 hours a week in total. One third of his time (20 hours) is spent on Coker
- 9 Fuel. His salary from Coker was \$62,050 in 2001.
- 10 The total salary is \$116,407.84. He works 1/3 to Coker and 2/3 to Sebring. That would be
- 11 \$38,798.73 charge to Coker and \$77,605.14 to Sebring. However, he is only charging 37,100
- 12 to Sebring or \$17.83 per hour. This appears reasonable.

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*Answer to
Request 5*

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DOCUMENT NUMBER-DATE

13539 DEC 11 8

FPSC-COMMISSION CLERK
11-2

Form W-2 Wage and Tax Statement 2001

c Employer's name, address, and Zip code

SUNSHINE COMPANIES IV, INC.
5825 US 27 NORTH
SEBRING FL 33870

e Employee's name, address, and Zip code

JERRY H. MELENDY, JR.
2120 LAKE JOSEPHINE DRIVE
SEBRING FL 33875-8245

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 Name of locality
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Copy C for EMPLOYEES RECORDS (See notice on back)

7 Social Security tips	0.00	1 Wages, tips, other compensation	62050.00	2 Federal income tax withheld	12213.29
8 Allocated tips	0.00	3 Social Security wages	72550.00	4 Social Security tax withheld	3264.30
9 Advanced EIC payment	0.00	5 Medicare wages and tips	72550.00	6 Medicare tax withheld	1052.23
10 Dependent care benefits	0.00	11 Non-qualified plans	0.00	12 See instructions for box 12	D 10500.00
13 Statutory Employees	Retirement plan	Third-party sick pay		14 Other	
	<input checked="" type="checkbox"/>				
b Employer's identification number	59-2662862				
d Employer's social security number					

REDACTED

AUDIT REQUEST #5

ITEM #1 - W2 FOR AFFILIATE COMPANY.

THIS W2 WAS ISSUED BY SUNSHINE COMPANIES IV, INC., THE EMPLOYEE LEASING COMPANY. THE LOCATION # IS 2147, COKER FUEL, INC.

ITEM #2 - STATEMENT OF EMPLOYMENT - JERRY H. MELENDY, JR.

MY EMPLOYMENT FOR SEBRING GAS SYSTEM AND COKER FUEL IS LOCATED AT THE OFFICE IN SEBRING. I HAVE THE RESPONSIBILITY TO MANAGE ALL ASPECTS OF BOTH COMPANIES. ALTHOUGH I AM RESPONSIBLE IN COKER FUEL, I HAVE OTHERS TO DELEGATE RESPONSIBILITIES TO. IN SEBRING GAS, MUCH DETAIL WORK IS DONE BY MYSELF. IN ACTUAL TIME, I ESTIMATE 2/3 OF MY TIME IS DEVOTED TO SEBRING GAS MATTERS AND 1/3 DEVOTED TO COKER FUEL. SEBRING HOURS ESTIMATED TO BE 40 HOURS/WEEK. COKER HOURS ESTIMATED TO BE 20 HOURS/WEEK.

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REDACTED

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return This information is being furnished to the IRS			VOID	2000	OMB No. 1545-0008
a. Control number E: 000002146			1. Wages, tips, other compensation 14575.00	2. Federal income tax withheld 1353.09	
b. Employer's ID No. 59-2718595			3. Social security wages 14575.00	4. Social security tax withheld 835.45	
c. Employer's name, address, and ZIP code SUNSHINE COMPANIES II, INC. 5825 US 27 NORTH SEBRING, FL 33870			5. Medicare wages and tips 14575.00	6. Medicare tax withheld 211.47	
d. Employer's social security number					
e. Employee's name, address, and ZIP code JERRY H. MELENDY, JR. 2121 LAKE JOSEPHINE DRIVE SEBRING, FL 33872					
7. Social security tips 0.00	8. Allocated tips 0.00	9. Advance EIC payment 0.00			
10. Dependent care benefits 0.00	11. Nonqualified plans 0.00	12. Benefits included in Box 1 0.00			
13. See instrs. for Box 13		14. Other			
15. Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation <input type="checkbox"/>					
16. State / Employer's ID No.	17. State wages, tips, etc.	18. State income tax			
19. Locality name	20. Local wages, tips, etc.	21. Local income tax			

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REDACTED

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

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FORM W-2 WAGE AND TAX STATEMENT 2001
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 SUNSHINE COMPANIES IV, INC.
 5825 US 27 NORTH
 SEBRING FL 33870

7 Social Security tips	0.00	1 Wages, tips, other compensation	37100.00	2 Federal income tax withheld	5327.62
8 Allocated tips	0.00	3 Social Security wages	37100.00	4 Social Security tax withheld	1720.50
9 Advanced EIC payment	0.00	5 Medicare wages and tips	37100.00	6 Medicare tax withheld	537.95
10 Dependent care benefits	0.00	11 Non-qualified plans	0.00	12 See instructions for box 12	
13 Salary deferrals		14 Other		12 b	
				12 c	
				12 d	

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Copy B to be filed with employee's FEDERAL income tax return. This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a registration penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2001
 a Employer's name, address, and Zip code
 SUNSHINE COMPANIES IV, INC.
 5825 US 27 NORTH
 SEBRING FL 33870

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Copy C for EMPLOYER'S RECORDS (See notes on back) Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2001
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 SUNSHINE COMPANIES IV, INC.
 5825 US 27 NORTH
 SEBRING FL 33870

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Copy 1 to be filed with EMPLOYEE'S State, City, or Local Income Tax Return Dept. of the Treasury - IRS

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 SUNSHINE COMPANIES IV, INC.
 5825 US 27 NORTH
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