



Filing Receipt

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DOCKET 52370

Reply to the Memorandum Dated November 4th, 2021.

1. See attached proposed notice forms that have been corrected.
2. See Attached Complaint Policy for East Houston Utilities
3. Please see attached forms 1096, 1099, W2, W3 for East Houston Utilities
***All the expenses provided in this Docket 52370 includes only the costs & income for CCN 12042. It does not include the costs for the other two CCN's (11984;12598)**
4. See Attached Proposed Notice
5. See Attached Proposed Notice
6. See Attached Notarized Affidavit

Thank You,

Hannah Krebs

Records Coordinator, EHU

O:281-456-0883

C:409-277-1087

hannahrcehu@gmail.com

Customer Complaints Policy Summary

Introduction:

The company is dedicated to providing excellent customer service and maintaining a healthy customer relationship at all levels from CEO down. We have a Complaints Policy to ensure all complaints are handled as efficiently and effectively as possible.

As a customer of ours, you are entitled to make a complaint to us. The following outlines our policy and procedures for the handling of verbal and written complaints.

Summary:

We want to resolve your complaints as soon as possible. Please call our customer service and we'll do our best to fix any problems you may be having with our service, as soon as possible.

Our Responsibilities:

- To provide an efficient, fair and structured mechanism for handling complaints.
- To provide our customers with access to the complaints handling process, including those customers with disabilities and special needs.
- To keep customers informed as to the progress of their complaint and the expected timeframe for resolution.
- Quarterly to review our complaints so that we can improve our standard of customer service.

Handling Your Complaint:

- Upon receiving a complaint, we will acknowledge your matter via telephone or in writing within 2 business days.
 - If your complaint is urgent, such as where you have been accepted by us as undergoing financial hardship under our financial hardship policy, where your service is about to be disconnected, or where you are receiving Priority Assistance (for example, for medical reasons) we will prioritise your complaint and attempt to resolve it within 2 working days. If we cannot, we will explain why and the reasons for taking longer.
 - We will keep you informed of the progress of your complaint, proposed actions and the expected timeframe for resolution.
 - Our aim is to resolve complaints in a timely manner and we will generally resolve a matter within 30 calendar days.
 - Complex complaints may take longer than 30 calendar days to resolve. In these cases, we will regularly update you on the progress and likely timeframe for resolution.
 - We will advise you of the outcome of your complaint. Where you have requested us to do so, we will advise you in writing.
-

**NOTICE OF PROPOSED RATE CHANGE
PURSUANT TO
TEXAS WATER CODE §§ 13.1871 AND 13.18715**

East Houston Utilities

Company Name

12042

CCN Number(s)

has filed a rate change application with the Public Utility Commission of Texas (Commission or PUCT). The application may be reviewed online at interchange.puc.texas.gov. You may also inspect a copy of the rate change application at your utility's office at the address below or at the Commission's office (1701 N. Congress Ave, Austin, TX 78701). The proposed rates will apply to service received after the effective date provided below, unless modified or suspended by the Commission. If the Commission receives a sufficient number of protests, separately or in a combined protest letter, from at least ☐ ratepayers (10 percent of the utility's customers over whose rates the Commission has original jurisdiction) or from any affected municipality before the 91st day after the proposed effective date, the matter will be set for hearing. **See Protest Form on the next page for instructions on how to protest.**

EFFECTIVE DATE OF PROPOSED INCREASE:February 20th, 2022

(must be at least 35 days after notice is provided to customers and 35 days after application is filed)

(Proposed rates requested by the utility are not final. The Commission may modify the rates and order a refund or credit against future bills all sums collected during the pendency of the rate proceeding in excess of the rate finally ordered plus interest.)

Reason(s) for Proposed Rate Change:Insufficient funds to operate system due to low current rates**BILLING COMPARISON****Water**

Existing	5,000 gallons: \$	<u>23.⁰⁰</u>	/mo	Proposed	5,000 gallons: \$	<u>215.⁰⁰</u>	/mo
Existing	10,000 gallons: \$	<u>33.⁰⁰</u>	/mo	Proposed	10,000 gallons: \$	<u>240.⁰⁰</u>	/mo

Water – Pass Through Chargesn/a

Existing	5,000 gallons: \$		/mo	Proposed	5,000 gallons: \$		/mo
Existing	10,000 gallons: \$		/mo	Proposed	10,000 gallons: \$		/mo

Sewern/a

Existing	5,000 gallons: \$		/mo	Proposed	5,000 gallons: \$		/mo
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Whitewing; Gum Island Utility

Subdivision(s) or System(s) Affected by Rate Change

11015 sheldon rd #102 Houston, TX 77044

Company Address

City

State

Zip

281-456-0883

Company Phone Number

52,891

Water Annual Revenue Increase

n/a

Water Pass-Through Annual Revenue Increase

n/a

Sewer Annual Revenue Increase

n/a

Date Current Rate Change Notice Delivered

n/a

Date of Last Rate Change

*Prior to providing notice, the utility shall file a request for the assignment of a docket number for the application.

NOTICE OF PROPOSED RATE CHANGE – SEWER

n/a

CURRENT RATES		PROPOSED RATES	
Minimum Monthly Charge includes	gallons	Minimum Monthly Charge includes	gallons
Meter Size: RESIDENTIAL		Meter Size: RESIDENTIAL	
5/8"	\$	5/8"	\$
3/4"	\$	3/4"	\$
1"	\$	1"	\$
1 1/2"	\$	1 1/2"	\$
2"	\$	2"	\$
3"	\$	3"	\$
Other:	\$	Other:	\$
GALLONAGE OR FIXED CHARGE:		GALLONAGE OR FIXED CHARGE:	
\$ per <input type="checkbox"/> month; OR <input type="checkbox"/> for each additional 1,000 gallons over the minimum. Gallonage charges are determined based on average consumption for winter period which includes the following months 		\$ per <input type="checkbox"/> month; OR <input type="checkbox"/> for each additional 1,000 gallons over the minimum. Gallonage charges are determined based on average consumption for winter period which includes the following months 	
MISCELLANEOUS FEES		MISCELLANEOUS FEES	
Tap Fee	\$	Tap Fee	\$
Reconnect Fee: Non-payment	\$	Reconnect Fee: Non-payment	\$
Customer's Request	\$	Customer's Request	\$
Transfer Fee	\$	Transfer Fee	\$
Late Charge	\$	Late Charge (Indicate either \$5.00 or 10%)	\$
Returned Check Charge	\$	Returned Check Charge	\$
Deposit	\$	Deposit (Maximum \$50.00)	\$
Meter Test Fee	\$	Meter Test Fee (Maximum - \$25.00)	\$

Regulatory Assessment of 1% is added to the minimum monthly charge and gallonage charges. Additional fees and meter sizes may be shown on a separate page.

If applicable, list any bill payment assistance programs to low income ratepayers.

NOTICE OF PROPOSED RATE CHANGE – WATER

CURRENT RATES				PROPOSED RATES			
Minimum Monthly Charge includes		3,000	gallons	Minimum Monthly Charge includes		5,000	gallons
Meter Size: RESIDENTIAL				Meter Size: RESIDENTIAL			
5/8"		\$	23. ⁰⁰ / ₁₀₀	5/8"		\$	215. ⁰⁰ / ₁₀₀
3/4"		\$	23. ⁰⁰ / ₁₀₀	3/4"		\$	215. ⁰⁰ / ₁₀₀
1"		\$	n/a	1"		\$	n/a
1 1/2"		\$		1 1/2"		\$	
2"		\$		2"		\$	
3"		\$		3"		\$	
Other:		\$		Other:		\$	
GALLONAGE CHARGE:				GALLONAGE CHARGE:			
TIER	VOLUME		CHARGE per 1000 gals.	TIER	VOLUME		CHARGE per 1000 gals.
Tier 1	3001	to 100,000 gals.	\$ 2. ⁰⁰ / ₁₀₀ /1000 gals.	Tier 1	5001	to 100,000 gals.	\$ 5. ⁰⁰ / ₁₀₀ /1000 gals.
Tier 2		to gals.	\$ /1000 gals.	Tier 2		to gals.	\$ /1000 gals.
Tier 3		to gals.	\$ /1000 gals.	Tier 3		to gals.	\$ /1000 gals.
Tier 4		to gals.	\$ /1000 gals.	Tier 4		to gals.	\$ /1000 gals.
Tier 5		to gals.	\$ /1000 gals.	Tier 5		to gals.	\$ /1000 gals.
MISCELLANEOUS FEES				MISCELLANEOUS FEES			
Tap Fee		\$	310. ⁰⁰ / ₁₀₀	Tap Fee		\$	310. ⁰⁰ / ₁₀₀
Reconnect Fee: Non-payment		\$	25. ⁰⁰ / ₁₀₀	Reconnect Fee: Non-payment (Maximum - \$25.00)		\$	25. ⁰⁰ / ₁₀₀
Customer's Request		\$	25. ⁰⁰ / ₁₀₀	Customer's Request		\$	25. ⁰⁰ / ₁₀₀
Transfer Fee		\$	0	Transfer Fee		\$	0
Late Charge		\$	51.50	Late Charge (Indicate either \$5.00 or 10%)		\$	5.00
Returned Check Charge		\$	15. ⁰⁰ / ₁₀₀	Returned Check Charge		\$	30. ⁰⁰ / ₁₀₀
Deposit		\$	0	Deposit (Maximum \$50.00)		\$	0
Meter Test Fee		\$	0	Meter Test Fee (Maximum - \$25.00)		\$	0

Regulatory Assessment of 1% is added to the minimum monthly charge and gallonage charges. Additional fees and meter sizes may be shown on a separate page.

If applicable, list any bill payment assistance programs to low income ratepayers.

n/a

RATEPAYER COMMENTS/REQUESTS TO INTERVENE

If you wish to PROTEST the proposed rate change, you must complete this form and file it electronically using the PUC Interchange Filer (<http://www.puc.texas.gov/industry/filings/E-FilingInstructions.pdf>) or mail the original to:

**Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326**

No hearing will be held and the rates will be effective as proposed unless protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing.

(a) CUSTOMER INFORMATION (please provide all of the requested information)

First Name: _____ Last Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Address, City, State: _____

Location where service is received: _____
(if different from the mailing address)

Please select the applicable :

I wish to PROTEST the following proposed rate action/s:

☐ I wish to be a COMMENTER. I understand that: I am NOT a party to this case; my comments are not considered evidence in this case; and I have no further obligation to participate in the proceeding. Public comments may help inform the PUCT of the public concerns and identify issues to be explored. Please provide comments below. Attach a separate page, if necessary.

☐ **I am requesting to INTERVENE in this proceeding.** As an INTERVENOR, I understand that: I am a party to the case; I am required to respond to all discovery requests from other parties; I may be required to attend hearings, and if I file testimony, I may be cross-examined in the hearing; if I file any documents in the case, I must provide a copy to every other party in the case; and I acknowledge that I am bound by the Procedural Rules of the PUCT and the State Office of Administrative Hearings (SOAH).

Signature of Ratepayer: _____

Date: _____

**Si desea informacion en Espanol, puede llamar al
1-888-782-8477**

**Hearing- and speech-impaired individuals with text telephones may contact the PUCT's Customer Assistance Hotline
at
512-936-7136**

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 CT-1 <input type="checkbox"/> Military <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> 943 Medicare govt. emp. <input type="checkbox"/> 944		Kind of Employer (Check one)		<input checked="" type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable)	
c Total number of Forms W-2 3		d Establishment number		1 Wages, tips, other compensation 36480.00		2 Federal income tax withheld 2907.00	
e Employer identification number (EIN) 45-2837275				3 Social security wages 36480.00		4 Social security tax withheld 2261.76	
f Employer's name EAST HOUSTON UTILITIES, INC.				5 Medicare wages and tips 36480.00		6 Medicare tax withheld 528.96	
g Employer's address and ZIP code 11015 SHELDON RD., STE 102 HOUSTON, TX 77044				7 Social security tips		8 Allocated tips	
				9		10 Dependent care benefits	
				11 Nonqualified plans		12a Deferred compensation	
h Other EIN used this year				13 For third-party sick pay use only		12b	
15 State TX		Employer's state ID number 45-2837275		14 Income tax withheld by payer of third-party sick pay			
16 State wages, tips, etc. 36480.00		17 State income tax 0.00		18 Local wages, tips, etc.		19 Local income tax	
Employer's contact person STEPHEN KREBS				Employer's telephone number 2814560883		For Official Use Only 0000/	
Employer's fax number				Employer's email address spkrebs95@yahoo.com			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature: _____ Date: _____

Client Copy-Electronically Filed

Form W-3 Transmittal of Wage and Tax Statements 2020

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).
Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.
Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2020 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **February 1, 2021**. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **February 1, 2021**.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN 45-2837275		RECIPIENT'S TIN 631-36-8662		1 Nonemployee compensation \$ 13000.00	
RECIPIENT'S name, address, ZIP/postal code & country HANNAH KREBS 11015 SHELDON RD., #102 HOUSTON, TX 77044		3 4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.	
FATCA filing requirement <input type="checkbox"/>		5 State tax withheld \$			
Account number (see instructions) 00003		6 State/Payer's state no. TX/45-2837275			
				7 State income \$	

Form **1099-NEC** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN 45-2837275		RECIPIENT'S TIN 631-36-8662		1 Nonemployee compensation \$ 13000.00	
RECIPIENT'S name, address, ZIP/postal code & country HANNAH KREBS 11015 SHELDON RD., #102 HOUSTON, TX 77044		3 4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.	
FATCA filing requirement <input type="checkbox"/>		5 State tax withheld \$			
Account number (see instructions) 00003		6 State/Payer's state no. TX/45-2837275			
				7 State income \$	

Form **1099-NEC** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation							
PAYER'S TIN 45-2837275		RECIPIENT'S TIN 454-49-7567		1 Nonemployee compensation \$							
RECIPIENT'S name, address, ZIP/postal code & country STEPHEN P. KREBS 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.							
FATCA filing requirement <input type="checkbox"/>											
Account number (see instructions) 00001		5 State tax withheld \$ \$				6 State/Payer's state no. TX/45-2837275		7 State income \$ \$			
Form 1099-NEC (keep for your records)						Department of the Treasury - Internal Revenue Service					

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation							
PAYER'S TIN 45-2837275		RECIPIENT'S TIN 454-49-7567		1 Nonemployee compensation \$							
RECIPIENT'S name, address, ZIP/postal code & country STEPHEN P. KREBS 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.							
FATCA filing requirement <input type="checkbox"/>											
Account number (see instructions) 00001		5 State tax withheld \$ \$				6 State/Payer's state no. TX/45-2837275		7 State income \$ \$			
Form 1099-NEC (keep for your records)						Department of the Treasury - Internal Revenue Service					

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation			
PAYER'S TIN 45-2837275		RECIPIENT'S TIN 454-59-7298		1 Nonemployee compensation \$			
RECIPIENT'S name, address, ZIP/postal code & country BRUCE LATTEA 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.			
FATCA filing requirement <input type="checkbox"/>							
Account number (see instructions) 00002		5 State tax withheld \$ \$				6 State/Payer's state no. TX/45-2837275	
Form 1099-NEC (keep for your records) Department of the Treasury - Internal Revenue Service							

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation			
PAYER'S TIN 45-2837275		RECIPIENT'S TIN 454-59-7298		1 Nonemployee compensation \$			
RECIPIENT'S name, address, ZIP/postal code & country BRUCE LATTEA 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.			
FATCA filing requirement <input type="checkbox"/>							
Account number (see instructions) 00002		5 State tax withheld \$ \$				6 State/Payer's state no. TX/45-2837275	
Form 1099-NEC (keep for your records) Department of the Treasury - Internal Revenue Service							

a Employee's social security number 454-49-7567		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008			
b Employer identification number (EIN) 45-2837275		1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld 0.00	
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 Social security wages 12000.00		4 Social security tax withheld 744.00	
		5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
		7 Social security tips		8 Allocated tips	
d Control number 00001		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code STEPHEN P. KREBS 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number TX 45-2837275	16 State wages, tips, etc. 12000.00	17 State income tax 0.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

a Employee's social security number 454-49-7567		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.) OMB No. 1545-0008			
b Employer identification number (EIN) 45-2837275		1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld 0.00	
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 Social security wages 12000.00		4 Social security tax withheld 744.00	
		5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
		7 Social security tips		8 Allocated tips	
d Control number 00001		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code STEPHEN P. KREBS 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number TX 45-2837275	16 State wages, tips, etc. 12000.00	17 State income tax 0.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury - Internal Revenue Service

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

BW2EEBC NTF 2583666 0 BW2BC

		a Employee's social security number 454-59-7298		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008	
b Employer identification number (EIN) 45-2837275			1 Wages, tips, other compensation 24480.00		2 Federal income tax withheld 2907.00
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044			3 Social security wages 24480.00		4 Social security tax withheld 1517.76
			5 Medicare wages and tips 24480.00		6 Medicare tax withheld 354.96
			7 Social security tips		8 Allocated tips
d Control number 00002			9		10 Dependent care benefits
e Employee's name, address, and ZIP code BRUCE LATTEA 11015 SHELDON RD., STE 102 HOUSTON, TX 77044			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
15 State Employer's state ID number TX 45-2837275	16 State wages, tips, etc. 24480.00	17 State income tax 0.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

		a Employee's social security number 454-59-7298		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.) OMB No. 1545-0008	
b Employer identification number (EIN) 45-2837275			1 Wages, tips, other compensation 24480.00		2 Federal income tax withheld 2907.00
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044			3 Social security wages 24480.00		4 Social security tax withheld 1517.76
			5 Medicare wages and tips 24480.00		6 Medicare tax withheld 354.96
			7 Social security tips		8 Allocated tips
d Control number 00002			9		10 Dependent care benefits
e Employee's name, address, and ZIP code BRUCE LATTEA 11015 SHELDON RD., STE 102 HOUSTON, TX 77044			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
15 State Employer's state ID number TX 45-2837275	16 State wages, tips, etc. 24480.00	17 State income tax 0.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury - Internal Revenue Service

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

		a Employee's social security number 454-49-7567		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008							
b Employer identification number (EIN) 45-2837275				1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld 0.00					
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044				3 Social security wages 12000.00		4 Social security tax withheld 744.00					
				5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00					
				7 Social security tips		8 Allocated tips					
d Control number 00001				9		10 Dependent care benefits					
e Employee's name, address, and ZIP code STEPHEN P. KREBS 11015 SHELDON RD., STE 102 HOUSTON, TX 77044				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number TX 45-2837275		16 State wages, tips, etc. 12000.00		17 State income tax 0.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

		a Employee's social security number 454-49-7567		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.) OMB No. 1545-0008							
b Employer identification number (EIN) 45-2837275				1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld 0.00					
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044				3 Social security wages 12000.00		4 Social security tax withheld 744.00					
				5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00					
				7 Social security tips		8 Allocated tips					
d Control number 00001				9		10 Dependent care benefits					
e Employee's name, address, and ZIP code STEPHEN P. KREBS 11015 SHELDON RD., STE 102 HOUSTON, TX 77044				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number TX 45-2837275		16 State wages, tips, etc. 12000.00		17 State income tax 0.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury - Internal Revenue Service

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

a Employee's social security number 454-59-7298		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008			
b Employer identification number (EIN) 45-2837275		1 Wages, tips, other compensation 24480.00		2 Federal income tax withheld 2907.00	
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 Social security wages 24480.00		4 Social security tax withheld 1517.76	
		5 Medicare wages and tips 24480.00		6 Medicare tax withheld 354.96	
		7 Social security tips 		8 Allocated tips 	
d Control number 00002		9		10 Dependent care benefits 	
e Employee's name, address, and ZIP code BRUCE LATTEA 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		11 Nonqualified plans 		12a See instructions for box 12 	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b 	
		14 Other 		12c 	
				12d 	
15 State	Employer's state ID number TX 45-2837275	16 State wages, tips, etc. 24480.00	17 State income tax 0.00	18 Local wages, tips, etc. 	19 Local income tax
				20 Locality name 	

Form **W-2 Wage and Tax Statement** 2020 Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

a Employee's social security number 454-59-7298		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.) OMB No. 1545-0008			
b Employer identification number (EIN) 45-2837275		1 Wages, tips, other compensation 24480.00		2 Federal income tax withheld 2907.00	
c Employer's name, address, and ZIP code EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		3 Social security wages 24480.00		4 Social security tax withheld 1517.76	
		5 Medicare wages and tips 24480.00		6 Medicare tax withheld 354.96	
		7 Social security tips 		8 Allocated tips 	
d Control number 00002		9		10 Dependent care benefits 	
e Employee's name, address, and ZIP code BRUCE LATTEA 11015 SHELDON RD., STE 102 HOUSTON, TX 77044		11 Nonqualified plans 		12a See instructions for box 12 	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b 	
		14 Other 		12c 	
				12d 	
15 State	Employer's state ID number TX 45-2837275	16 State wages, tips, etc. 24480.00	17 State income tax 0.00	18 Local wages, tips, etc. 	19 Local income tax
				20 Locality name 	

Form **W-2 Wage and Tax Statement** 2020 Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form 1096 (Rev. January 2021) Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 <div style="font-size: 2em; font-weight: bold;">2020</div>
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FILER'S name EAST HOUSTON UTILITIES, INC.										Image Provided for Display Only – Not Fileable														
Street address (including room or suite number) 11015 SHELDON RD., STE 102										<div style="font-size: 1.5em; font-weight: bold;">For Official Use Only</div>														
City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77044																								
Name of person to contact STEPHEN KREBS					Telephone number 2814560883																			
Email address spkrebs95@yahoo.com					Fax number																			
1 Employer identification number 45-2837275					2 Social security number															3 Total number of forms 3				
6 Enter an "X" in only one box below to indicate the type of form being filed.																								
W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-F 03	1098-Q 74	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92	1099-K 10	1099-LS 16								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1099-LTC 93	1099-MISC 95	1099-NEC 71	1099-OLD 96	1099-PATR 97	1099-Q 31	1099-QA 1A	1099-R 98	1099-S 75	1099-SA 94	1099-SB 43	3921 25	3922 26	5498 28	5498-ESA 72	5498-QA 2A	5498-SA 27								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ►

Title ► **PRESIDENT**

Date ►

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to www.irs.gov/Form1096.

Reminder. The only acceptable method of electronically filing information returns listed on this form in box 6 with the IRS is through the FIRE System. See Pub. 1220.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2020 General Instructions for Certain Information Returns.

Forms 1099-QA and 5498-QA can be filed on paper only, regardless of the number of returns.

Who must file. Any person or entity who files any of the forms shown in line 6 above must file Form 1096 to transmit those forms to the IRS.

Enter the filer's name, address (including room, suite, or other unit number), and taxpayer identification number (TIN) in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

When to file. File Form 1096 as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by March 1, 2021.
- With Form 1099-NEC, file by February 1, 2021.
- With Forms 5498, file by June 1, 2021.

Where To File

Send all information returns filed on paper with Form 1096 to the following.

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following address

Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia

Internal Revenue Service
Austin Submission Processing Center
P.O. Box 149213
Austin, TX 78714

AFFIDAVIT

STATE OF TEXAS

COUNTY OF Harris

I, Hannah Kreps being duly sworn, file this **NOTICE OF PROPOSED RATE CHANGE**

as Records Coordinator (indicate relationship to Utility that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Utility); that, in such capacity, I am qualified and authorized to file and verify such notice; and that all statements and matters set forth herein are true and correct.

I further represent that a copy of the attached notice was provided by mail (method of delivery)

to each affected customer, each affected municipality, the Office of Public Utility Counsel, and any other affected party on or about November 30th, 20 21

Hannah Kreps
AFFIANT
(Utility's Authorized Representative)

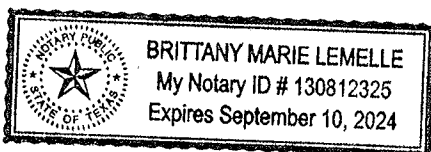
East Houston Utilities
NAME OF UTILITY

If the Affiant to this form is any person other than the sole owner, partner, officer of the Utility, or its attorney, a properly verified Power of Attorney must be enclosed. Notice may be deemed deficient if the affidavit is executed and notarized before the date the Notice is provided.

SUBSCRIBED AND SWORN TO BEFORE

this the 1 day of December, 20 21, to certify which witness my hand and seal of office.

SEAL



[Signature]
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Brittany Marie Lemelle
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES Sep 10, 2024