

Filing Receipt

Received - 2021-12-01 10:22:28 AM Control Number - 52370 ItemNumber - 14

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.

PUC DOCKET NO. <u>51370</u> *

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

| East | Houston w | tilities | | 12042 | |
|--|--|---|--|--|--|
| may be revieutility's offic rates will app If the Commatepayers (1 municipality | ewed online at interche at the address below bly to service received nission receives a suf- 0 percent of the utility | n with the Public Utility nange.puc.texas.gov. You or at the Commission's after the effective date pro- efficient number of protest's customers over whose ter the proposed effective | i may also insporting the control of | cect a copy of the rate cr Congress Ave, Austin, unless modified or suspe or in a combined prote nission has original jurisdi | PUCT). The application ange application at your TX 78701). The proposed nded by the Commission. at letter, from at least ction) or from any affected ag. See Protest Form on |
| EFFECTI (must be at leading) (Proposed rate | VE DATE OF PRO | OPOSED INCREASE e is provided to customers ty are not final. The Comm | and 35 days and ission may modi | er application is filed) fy the rates and order a refue rate finally ordered plus int |) 2022 and or credit against future erest.) |
| Reason(s) | for Proposed Ra | ite Change: | la c | uclaro dua | + 1 au Cunto |
| Thu | thuent t | mas to ope | vate i | ystem due | to Low cume |
| BILLING Water Existing Existing | 5,000 gallons: \$ 10,000 gallons: \$ | 23 - /mo | Proposed Proposed | 5,000 gallons: \$ 10,000 gallons: \$ | 215・2 /mo 240・2 /mo |
| Water – I Existing Existing | Pass Through Ch 5,000 gallons: \$ 10,000 gallons: \$ | arges N/A /mo /mo | Proposed Proposed | 5,000 gallons: \$ | /mo /mo |
| Sewer Existing | \(\bigcap \lambda \) 5,000 gallons: \$ | /mo | Proposed | 5,000 gallons: \$ | /mo |
| Whi | terning; Gi | M Sand Subdivision(s) or Syst | UTIUTU em(s) Affected | by Rate Change | |
| <u> </u> | SULLAM 1 any Address | <u>Cd +1102 +101</u> City | <u>ISTOM, TO</u> Sto | 7 17044 ate | Zip |
| Compan | -450-080 ny Phone Number | (3 | 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | Baseline and State of | |
| Water An | 52,891 nual Revenue Increase | Water Pass-Throug | <i>∱</i> h Annual Reve | nue Increase Sewer | MA Annual Revenue Increase |
| Date Curr | ent Rate Change Noti | ce Delivered | | Date of Last R | ate Change |

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

| NOT | TICE OF PROPOSED | RATE CHANGE – SE' | WER NA |
|--|--|---|---|
| CURRENT RATES | | PROPOSED RATES | |
| Minimum Monthly Charge inclu | ndes gallons | Minimum Monthly Charge inclu | des gallons |
| Meter Size: | | Meter Size: | 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. |
| RESIDENTIAL | | RESIDENTIAL | . Pro 1999 (AMP) 100 (1994) 100 (1994) |
| 5/8" | \$ | 5/8" | \$ |
| 3/4" | \$ | 3/4" | \$ |
| 1" | \$ | 1" | \$ |
| 1 1/2" | \$ | 1 1/2" | \$ |
| 2" | \$ | 2" | \$ |
| 3" | \$ | 3" | \$ |
| Other: | \$ | Other: | \$ |
| | FIXED CHARGE: | GALLONAGE OR | FIXED CHARGE: |
| \$ per | 2-T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | \$ per | |
| | | month; OR | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 |
| ☐ month; OR | | , | |
| ☐ for each additional 1 | ,000 gallons over the | ☐ for each additional 1,0 | |
| minimum. Gallonage char | | minimum. Gallonage charg | ges are determined based |
| on average consumption for | or winter period which | on average consumption for | or winter period which |
| includes the following mo | nths | includes the following mor | |
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| Tap Fee | \$ | Tap Fee | <u>(\$</u> |
| Reconnect Fee: | | Reconnect Fee: | ე: - გ. |
| Non-payment | | Non-payment | UE A |
| | \$ | (Maximum - \$25.00) | \$ |
| Customer's Request | \$ | Customer's Request | 1 .S |
| Transfer Fee | \$ | Transfer Fee | \$ |
| Late Charge | \$ | Late Charge (Indicate | \$ |
| | | either \$5.00 or 10%) | |
| Returned Check Charge | \$ | Returned Check Charge | \$ |
| Deposit | \$ | Deposit | S |
| Î | | (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 PROPOSED RATES **CURRENT RATES** 5.000 3.000 gallons Minimum Monthly Charge includes gallons Minimum Monthly Charge includes Meter Size: Meter Size: RESIDENTIAL RESIDENTIAL 5/8" 5/8" 3/4" 3/4" 1" \$ 1" 1 1/2" 1 1/2" \$ 2" \$ 3" \$ Other: Other: GALLONAGE CHARGE: **GALLONAGE CHARGE:** CHARGE pe **VOLUME** TIER CHARGE per TIER **VOLUME** 1000 gals. 1000 gals. /1000 100,000 Tier 1 |5001 3001 to 100,000 gals. Tier 1 gals. /1000 /1000 Tier 2 gals gals. Tier 2 to gals. gals. /1000 /1000 Tier 3 gals. gals. to Tier 3 gals. gals. /1000 /1000 Tier 4 gals gals. Tier 4 gals. gals. /1000/1000 Tier 5 Tier 5 gals. gals. MISCELLANEOUS FEES MISCELLANEOUS FEES \$ 310.00 \$ 310·° Tap Fee Tap Fee Reconnect Fee: Reconnect Fee: Non-payment Non-payment sas.» (Maximum - \$25.00) ar. = Customer's Request s as. = Customer's Request Transfer Fee Transfer Fee \$57.; \$1.15 Late Charge (Indicate Late Charge either \$5.00 or 10%) Returned Check Charge Returned Check Charge Deposit Deposit (Maximum \$50.00) \$ Meter Test Fee Meter Test Fee O (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.

n/a

PUC DOCKET NO. <u>52370</u>

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 <u>unless</u> protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing.

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: | |
| considered evidence in this case; and I have | rstand that: I am NOT a party to this case; my comments are not ave no further obligation to participate in the proceeding. Public of the public concerns and identify issues to be explored. Please rate page, if necessary. |
| am a party to the case; I am required to required to attend hearings, and if I file documents in the case. I must provide a | in this proceeding. As an INTERVENOR, I understand that: I respond to all discovery requests from other parties; I may be testimony, I may be cross-examined in the hearing; if I file any copy to every other party in the case; and I acknowledge that I PUCT and the State Office of Administrative Hearings (SOAH). |
| Signature of Ratepayer: | |
| | Date: |
| Si desea in | formacion 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

512-936-7136

| 33333 | a Control numb | er | For Official U | • | | |
|---|----------------------|---|----------------|---|--|-----|
| b Kind of Payer (Check one) | X | Military 943 Hshld. Medicare emp. govt. emp. | 944 | Kind X | O1c non-govt. Check if applicable) | |
| c Total number o | f Forms W-2 | d Establishment nu | mber | 1 Wages, tips, other compensation | 2 Federal income tax withheld 2907.00 | |
| 3 | | | | 36480.00 | | - |
| e Employer ident | ification number (E | EIN) | | 3 Social security wages | 4 Social security tax withheld | |
| 45-2837 | 275 | | | 36480.00 | 2261.76 | 4 |
| f Employer's nar | ne | | | 5 Medicare wages and tips | 6 Medicare tax withheld | į |
| EAST HOU | STON UTI | LITIES, I | NC. | 36480.00 | 528.96 | _ |
| 11015 SH | | | 2 | 7 Social security tips | 8 Allocated tips | |
| HOUSTON, | TX 7704 | 4 | | | | _ |
| | | 1 | 1 | 9 | 10 Dependent care benefits | |
| | | | | 11 Nonqualified plans | 12a Deferred compensation | |
| g Employer's add | dress and ZIP cod | e | | | 10 | + |
| h Other EIN used | d this year | | | 13 For third-party sick pay use only | 12b | |
| | nployer's state ID n | | | 14 Income tax withheld by payer of third- | | |
| 16 State wages, t | ips, etc. | 17 State income tax | ζ | 18 Local wages, tips, etc. | 19 Local income tax | |
| 364 | 80.00 | | 0.00 | | | 4 |
| Employer's co | | 1 | | Employer's telephone number | For Official Use Only | İ |
| STEPHEN | • | | | 2814560883 | 0000/ | _ |
| Employer's fax | | | | Employer's email address | | Ì |
| | | | | spkrebs95@yahoo.co | om | |
| | | | | <u> </u> | t of my knowledge and belief they are true, correct, a | ını |

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:

Signa

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-Filina

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.

| | | ORREC [*] | TED (if checked) | | |
|---|---------------------------|--------------------------|------------------------------|--|---|
| EAST HOUSTON UTI 11015 SHELDON RD HOUSTON, TX 7704 | | | | OMB No. 1545-0116 2020 Form 1099-NEC | Nonemployee Compensation |
| | | Ē | Nonemployee compensation | | Сору В |
| • | | | \$ 13000.00 | | For Recipient |
| AYER'S TIN 45-2837275 | RECIPIENT'S TIN | 200 | 2 | | |
| ECIPIENT'S name, address, ZIP/pos HANNAH KREBS 11015 SHELDON RI HOUSTON, TX 7704 | tal code & country | ATCA filing | 4 Federal income tax withher | əld | 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. |
| ccount number (see instructions) | (eep for your records) | | 0 010.10 | 6 State/Payer's state no. TX/45-2837275 | 7 State income \$ \$ saury - Internal Revenue Service |
| PAYER'S name, address, ZIP/postal EAST HOUSTON UT 11015 SHELDON R HOUSTON, TX 770 | code, country & phone no. | | OTED (if checked) | OMB No. 1545-0116 | Nonemployee Compensation |
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| RECIPIENT'S name, address, ZIP/po HANNAH KREBS 11015 SHELDON R HOUSTON, TX 770 | D., #102 | - | 4 Federal income tax with | held | This is important to information and being furnished the IRS. If you a required to file return, a negligery penalty or othe sanction may imposed on you |
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NTF-2583919 0 A9NECB

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| | | | \$ | | For Recipient |
| 45-2837275 | RECIPIENT'S TIN 454-49-7 | 567 | 2 | | |
| ECIPIENT'S name, address, ZIP/pos STEPHEN P. KREBS 11015 SHELDON RI HOUSTON, TX 7704 |)., STE 102 | | 4 Federal income tax withi | neld | This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or othe sanction may be imposed on you this income is taxable |
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| | | | 1 Nonemployee compensa | tion | Copy B |
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| AYER'S TIN 45-2837275 | RECIPIENT'S TIN 454-59-7 | 298 | 2 | | |
| RECIPIENT'S name, address, ZIP/pos | tal code & country | | 3 | | This is important tax |
| BRUCE LATTEA 11015 SHELDON RI HOUSTON, TX 7704 |)., STE 102 | | 4 Federal income tax with | held | 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 |
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| 45-2837275 | 454-59-7 | 7298 | 2 | | For Recipient |
| 45-2837275 | 454-59-5 | 7298 | 7 | | |
| | 454-59-7 stal code & country | 7298 | 2 | nheld | 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 |
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| | | 's social security number | Copy B-To OMB No. 1545 | | With Employee's FEDE | RAL Tax Return. | |
|--|---|---|--------------------------|--|--|---|---|
| b Employer identification number (I | | . / / / / / / | <u> </u> | 1 Wage | es, tips, other compensation | 2 Federal income to | ax withheld |
| • • | =114) | | | | 12000.00 | | 0.00 |
| 45-2837275 c Employer's name, address, and 2 | 7ID code | | | 3 Socia | I security wages | 4 Social security ta | |
| | | C TNC | | 0 00014 | 12000.00 | 1 | 744.00 |
| EAST HOUSTON UTILITIES, INC. 11015 SHELDON RD., STE 102 | | | | | care wages and tips | 6 Medicare tax with | |
| HOUSTON, TX 770 | .E 102 | | | 12000.00 | 174.00 | | |
| HOUSION, IX 770 | 711 | | | 7 Social security tips | | 8 Allocated tips | |
| d Control number | | | | 9 | | 10 Dependent care i | benefits |
| 00001 | | | | 44 11 | P.C. all all and | 12a See instructions | for hoy 12 |
| e Employee's name, address, and | | | | 11 Nonq | ualified plans | C | 5 101 DOX 12 |
| STEPHEN P. KREP | 3S | | | 13 Statuto | ory Retirement Third-party lee plan sick pay | 12b | |
| | | | | 13 Statuto employ | rée plan sick pay | C | |
| | | | | 14 Other | r | 12c | |
| 11015 SHELDON F | | TE 102 | | 17 Olliel | • | C | |
| HOUSTON, TX 770 | 144 | | | | | 12d | |
| | | | | | | Code | |
| | | | | | | 0 | |
| 15 State Employer's state ID num | ber | 16 State wages, tips, etc. | 17 State incom | ie tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality nar |
| | | 12000.00 | | | | | |
| +M | ************** | | | | | | |
| | | | | | | | |
| | | ternal Revenue Service. | | _ [_] | | | |
| orm VV — Stateme | ed to the Int | ternal Revenue Service. | | | OYEE'S RECORDS (See | e Notice to Employee | 3.) |
| orm VV — Stateme | ed to the Int | | | or EMPL 5-0008 | | | |
| orm VV — Stateme his information is being furnish b Employer identification number | a Employee | e's social security number | Сору С—Гс | or EMPL 5-0008 | OYEE'S RECORDS (See es, tips, other compensation 12000.00 | | |
| orm VV — Stateme This information is being furnish | a Employed 454-4 | e's social security number | Сору С—Гс | or EMPL 5-0008 | es, tips, other compensation | | tax withheld 0.00 ax withheld |
| b Employer identification number 45-2837275 | a Employed 454-4 (EIN) | e's social security number 49–7567 | Сору С—Гс | or EMPL 5-0008 | es, tips, other compensation | 2 Federal income 4 Social security t | tax withheld 0.00 ax withheld 744.00 |
| b Employer identification number 45-2837275 c Employer's name, address, and | a Employed 454-4 (EIN) ZIP code | e's social security number 49-7567 ES, INC. | Сору С—Гс | or EMPL 5-0008 1 Wag 3 Soci | es, tips, other compensation 12000.00 al security wages 12000.00 dicare wages and tips | 2 Federal income | tax withheld 0.00 ax withheld 744.00 thheld |
| b Employer identification number 45-2837275 c Employer's name, address, and EAST HOUSTON U. | a Employed 454-4 (EIN) ZIP code FILITIE RD., ST | e's social security number 49-7567 ES, INC. | Сору С—Гс | or EMPL 5-0008 1 Wag 3 Soci 5 Med | les, tips, other compensation 12000.00 al security wages 12000.00 licare wages and tips 12000.00 | 2 Federal income 4 Social security t 6 Medicare tax wi | tax withheld 0.00 ax withheld 744.00 |
| b Employer identification number 45-2837275 c Employer's name, address, and EAST HOUSTON UT 11015 SHELDON I | a Employed 454-4 (EIN) ZIP code FILITIE RD., ST | e's social security number 49-7567 ES, INC. | Сору С—Гс | or EMPL 5-0008 1 Wag 3 Soci 5 Med | es, tips, other compensation 12000.00 al security wages 12000.00 dicare wages and tips | 2 Federal income 4 Social security t | tax withheld 0.00 ax withheld 744.00 thheld |
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| | Copy B—To OMB No. 1545 | | l With Employee's FED | ERAL Tax Return. | 2 Federal income tax withheld | | |
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| b Employer identification number (E | | 9-7298 | | 1 Wage | s, tips, other compensation 24480.00 | | ox withheld |
| 45-2837275 | | *************************************** | | 0.0 | | 4 Social security ta | - |
| c Employer's name, address, and Z | | | | 3 Socia | l security wages 24480.00 | | 517.76 |
| EAST HOUSTON UT | | | | E Madia | *************************************** | 6 Medicare tax with | |
| 11015 SHELDON R | E 102 | | 5 Medicare wages and tips 24480.00 | | | 354.96 | |
| HOUSTON, TX 770 | 144 | | | 7 Socia | I security tips | 8 Allocated tips | 334.70 |
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| d Control number | | | | 9 | | 10 Dependent care to | penefits |
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| e Employee's name, address, and 2 | ZIP code | | | I I NOTIC | ualified plans | c | |
| BRUCE LATTEA | | | | 13 Statutor employe | ry Retirement Third-party | 12b | |
| | | | | employ | ee plan sick pay | C | |
| | n am | T 100 | | 14 Other | r | 12c | |
| 11015 SHELDON R | | E 102 | | 14 Other | | Cod | |
| HOUSTON, TX 770 | | | | | 12d | | |
| | | | | | | Cod | |
| | | | | | | e · | |
| 15 State Employer's state ID num | ber | 16 State wages, tips, etc. | 17 State incom | ie tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| TX 45-2837275 | | 24480.00 | | .00 | , | | |
| 17 42-702/7/2 | | 24400.00 | · | | | | |
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| | ed to the Into | s's social security number | Сору С-Го | or EMPL | OYEE'S RECORDS (Se | e Notice to Employee | .) |
| | ed to the Into | | | or EMPL 5-0008 | | | |
| This information is being furnish b Employer identification number (| a Employee | s's social security number | Сору С-Го | or EMPL 5-0008 | es, tips, other compensatio | n 2 Federal income t | ax withheld |
| This information is being furnish b Employer identification number (| a Employee 454-5 | s's social security number | Сору С-Го | or EMPL : 5-0008 | es, tips, other compensatio | n 2 Federal income t | ax withheld |
| b Employer identification number (45-2837275) c Employer's name, address, and | a Employee 454-5 (EIN) | e's social security number 59-7298 | Сору С-Го | or EMPL : 5-0008 | es, tips, other compensatio 24480.00 al security wages | n 2 Federal income to 2 4 Social security to | ax withheld 907.00 ax withheld |
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Form W-2 Wage and Statement

Department of the Treasury - 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.

| | | 's social security number | Copy B—To OMB No. 1545 | | l With Employee's FEDI | ERAL Tax Return. | |
|--|---|---|---|---|--|---|--|
| b Employer identification number (i | | 7 7 3 0 7 | | 1 Wage | es, tips, other compensation | 2 Federal income to | ax withheld |
| 45-2837275 | , | | | | 12000.00 | | 0.00 |
| c Employer's name, address, and 2 | ZIP code | *************************************** | *************************************** | 3 Socia | al security wages | 4 Social security ta | x withheld |
| EAST HOUSTON UT | | S. INC. | | | 12000.00 | • | 744.00 |
| 11015 SHELDON R | | | | 5 Medic | care wages and tips | 6 Medicare tax with | nheld |
| HOUSTON, TX 77044 | | | | | 12000.00 | 174.00 | |
| , | | | 7 Social security tips | | 8 Allocated tips | | |
| d Control number | | | 9 | | 10 Dependent care i | penefits | |
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| e Employee's name, address, and | | | | 11 Nonq | qualified plans | C | TIOI DOX 12 |
| STEPHEN P. KREE | 38 | | | 13 Statutor employe | ory Retirement Third-party ree plan sick pay | 12b | |
| | | 400 | | 14 Oth as | | 12c | |
| 11015 SHELDON F | | E 102 | | 14 Other | | C | |
| HOUSTON, TX 770 | 144 | | | | | 12d | |
| | | | | | | Cod | |
| | | | | | | G | |
| I5 State Employer's state ID num | ber | 16 State wages, tips, etc. | 17 State incom | ne tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality na |
| TX 45-2837275 | | 12000.00 | 1 | .00 | | | |
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| | | ernal Revenue Service. | 202 | - U | | | |
| | ed to the Int | ernal Revenue Service. | Сору С—Го | or EMPL | OYEE'S RECORDS (See | e Notice to Employee | .) |
| | a Employee | | | or EMPL 5-0008 | | | |
| his information is being furnish b Employer identification number (| a Employee | e's social security number | Сору С—Го | or EMPL 5-0008 | es, tips, other compensation | n 2 Federal income | tax withheld |
| b Employer identification number of | a Employee 454-4 | e's social security number | Сору С—Го | or EMPL (5-0008 | es, tips, other compensation | n 2 Federal income | tax withheld |
| b Employer identification number of 45-2837275 c Employer's name, address, and | a Employee 454-4 (EIN) | e's social security number 19–7567 | Сору С—Го | or EMPL (5-0008 | es, tips, other compensation 12000.00 al security wages | 2 Federal income 4 4 Social security to | tax withheld 0.00 ax withheld |
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Form W-2 wage and lax Statement

| | | 's social security number 9-7298 | Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008 1 Wages, tips, other compensation 2 Federal income tax withheld | | | | |
|---|--|---|--|---|---|---|--|
| b Employer identification number (E | | 7 7270 | | 1 Wage | es, tips, other compensation | 2 Federal income to | ax withheld |
| 45-2837275 | , | | | | 24480.00 | 2 | 907.00 |
| c Employer's name, address, and Z | ZIP code | *************************************** | water 100 100 100 100 100 100 100 100 100 10 | 3 Socia | al security wages | 4 Social security ta | x withheld |
| EAST HOUSTON UTILITIES, INC. | | | | | 24480.00 | 1 | 517.76 |
| 11015 SHELDON R | - | | 5 Medio | care wages and tips | 6 Medicare tax with | | |
| HOUSTON, TX 770 | | | | 24480.00 | | | 354.96 |
| | | | | 7 Socia | al security tips | 8 Allocated tips | |
| d Control number | | | | 9 | | 10 Dependent care | benefits |
| e Employee's name, address, and | ZIP code | | | 11 Nong | qualified plans | 12a See instructions | for box 12 |
| BRUCE LATTEA | 211 0000 | | | | , | Coa | |
| DRUCE HAITEA | | | | 13 Statuto employ | ory Retirement Third-party yee plan sick pay | 12b | |
| | | | | | | Code | |
| 11015 SHELDON R | RD., ST | E 102 | | 14 Other | r | 12c | |
| HOUSTON, TX 770 | | | | | | Ö d e | |
| | | | | | | 12d | |
| | | | | | | d e | |
| | | | T | L | | 40.1 1 in 4 | 00 1 |
| State Employer's state ID num | | 16 State wages, tips, etc. | | | 18 Local wages, tips, etc. | 19 Local Income tax | 20 Locality nam |
| TX 45-2837275 | | 24480.00 | ļ | .00 | | | |
| 1 | | | | | | | |
| | | ernal Revenue Service. | 202 | | | | |
| | ed to the Inte | ernal Revenue Service. | Сору С—Го | or EMPL | OYEE'S RECORDS (See | a Notice to Employee | 3.) |
| | ed to the Inte | | | or EMPL 5-0008 | | | |
| nis information is being furnish | a Employee | s's social security number | Сору С—Го | or EMPL 5-0008 | es, tips, other compensation | 2 Federal income | tax withheld |
| is information is being furnish being furnish being furnish being furnished by the being f | a Employee 454-5 | s's social security number | Сору С—Го | r EMPL 5-0008 | es, tips, other compensation 24480.00 | 2 Federal income | tax withheld |
| b Employer identification number ($45-2837275$ c Employer's name, address, and 2 | a Employee 454-5 (EIN) | o's social security number 59–7298 | Сору С—Го | r EMPL 5-0008 | es, tips, other compensation 24480.00 al security wages | 2 Federal income 2 4 Social security to | tax withheld 907.00 ax withheld |
| b Employer identification number (45-2837275 c Employer's name, address, and EAST HOUSTON UT | a Employee 454-5 (EIN) ZIP code | e's social security number 59-7298 | Сору С—Го | or EMPL: 5-0008 1 Wage 3 Socia | es, tips, other compensation 24480.00 | 2 Federal income 2 4 Social security to | tax withheld 907.00 ax withheld 517.76 |
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Form **VV-**Z Statement

Form 1096

(Rev. January 2021) Department of the Treasury Internal Revenue Service

Annual Summary and Transmittal of U.S. Information Returns

OMB No. 1545-010

2020

FILER'S name

EAST HOUSTON UTILITIES, INC.

Street address (including room or suite number)

11015 SHELDON RD., STE 102

City or town, state or province, country, and ZIP or foreign postal code

Image Provided for Display Only - Not Fileable

| HOUSTON, TX 77044 | | | For Office | معالادة | Only | , |
|--|-----------------------------------|---------------------------------|-------------------------|----------------|---------------|---------------|
| Name of person to contact | Telephone number | | 1 01 01110 | iai Osc | | |
| STEPHEN KREBS | 281456088 | 3 | | | | |
| Email address | Fax number | | | | J L | |
| spkrebs95@yahoo.com | | | | | | |
| 1 Employer identification number 2 Social security numb | 3 Total number of for | ns 4 Federal income tax | k withheld 5 Total amou | ınt reported w | ith this Fo | rm 1096 |
| 45-2837275 | 3 | \$ | 0.00 \$ | 130 | 000.0 | 00 |
| 6 Enter an "X" in only one box below to indicate the type | of form being filed. | | | | | |
| W-2G 1097-BTC 1098 1098-C 1098-E 1098- 32 50 81 78 84 03 | 1098-Q 1098-T 1099-A 74 83 80 | 1099-B 1099-C 1099- 79 85 73 | | 1099-INT 92 | 1099-K 10 | 1099-LS 16 |
| | | | | | | |
| 1099-LTC 1099-MISC 1099-NEC 1099-OID 1099- 93 95 71 96 PATR 31 97 | 1099-QA 1099-R 1099-S 1A 98 75 | 1099-SA 1099-SB 392 94 43 25 | | 5498-ESA 72 | 5498-QA 2A | 5498-SA 27 |
| | | | | | | |

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 ▶

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.

Title ▶ PRESIDENT 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

Date ▶



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 Cente P.O. Box 149213 Austin, TX 78714

AFFIDAVIT

| STATE OF TEXAS |
|--|
| COUNTY OF THUNS |
| I, HUMAN LUM being duly sworn, file this NOTICE OF PROPOSED RATE CHANGE |
| as PLOWLY CONTINUE (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 (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 2 |
| Hannah Krebs Hand 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 day of creaber, 20 21, to certify which witness my hand and seal of office. |
| SEAL NOTARY PUBLIC IN AND FOR THE |
| BRITTANY MARIE LEMELLE My Notary ID # 130812325 Expires September 10, 2024 BRITTANY MARIE LEMELLE My Notary ID # 130812325 Expires September 10, 2024 PRINT OR TYPE NAME OF NOTARY |
| MY COMMISSION EXPIRES Sq 10, 2024 |