

CGB-CC-0969
Ministerios Dejame Ayudarte

401 H Street, Suite B
Chula Vista, CA 91910

Received & Inspected

JAN 21 2010

FCC Mail Room

Office (619)409-9893
Cell (619) 990-0863

Miriam Nino
*Family Consulting
www.dejameayudarte.com

January 19, 2010

FCC
Attn: Secretary Office
Closed Captioning
445 12th Street, SW,
Washington, DC 20554.

Re: Request for Exemption to the Closed Captioning Requirements on the Basis of Undue Burden

To Whom it May Concern:

Ministerios Dejame Ayudarte respectfully submits this petition requesting exemption from the closed captioning requirements under section 79.1 of the Commission's rules 47 C.F.R. § 79.1 (f)

I'm a Licence Family Consulting is the only locally produced show that helps out hispanic community with prevention education, skill life, matrimony issues, divorce, teen, alcohol, drug related problems, pro family.

This is a unique program that focuses on really helping people. I do not charge for this services when guests appear in the show.

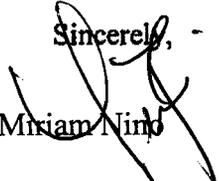
This is a 28 minute show, 10:30 am to 10:58 am (No repetition) on Telemundo which 50% of it audience is in Tijuana, Mexico.

We cannot cover the charges for close caption since we are not funded by anybody.

This will be a thirteen air time show. The cost per air-time show is \$1,200.00 dls The total cost will be \$15,600.00. We are spending our own money and time in this project that will benefit greatly the latin community.

Please accept this request that "Ministerios Dejame Ayudarte" be exempted from the closed captioning requirements for the above stated reasons.

If you have any questions please so not hesitate to contact me

Sincerely, -

Miriam Nino

AFFIDAVIT

State of California

County of San Diego

Before the undersigned, an officer duly commissioned by the laws of California on this 20th day of January, 2010, personally appeared Miriam Nino this affidavit is referring to who having been first duly sworn depose and say:

I, Miriam Nino, mail a Request for Exemption to the Closed Captioning letter to the FCC with a original and two copies to mailing address

FCC

Attn: Secretary Office

Closed Captioning

445 12th Street, SW,

Washington, DC 20554.

Witness: _____



Sworn and subscribed before me this 20th, day of January, A.D. 2010

Notary Public: _____





COPY

TAX PAYMENT INSTRUCTIONS

Client: MIRIAM M. NIÑO
Month: September Quarterly: 3 rd -09

Enclosed please find the following forms:

Table with 5 columns: X APPLIES, FORM, DESCRIPTION, PAYEE, AMOUNT. Rows include Internal Revenue Service (Need Check), EDD (No Check), Social Security (No Check).

All the above forms indicated must be mailed with the appropriate check on or before:

DEPOSITS

Table with 5 columns: X APPLIES, TYPE OF TAX, TAX PERIOD, PAYEE, AMOUNT. Rows include payroll tax deposits (941, 940) and EDD deposit.

- Payroll tax deposit (941) must be deposited at your bank by 10/15/09
Payroll tax deposit (940) must be deposited at your bank by 10/15/09
Employment Development Department deposit should be mailed by 10/30/09

Sincerely, Nora Gonzalez Date: 10/10/2009

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

50.71

See instructions on page 1.

EIN

BANK NAME/
DATE STAMP

MIRIAM M NINO
MINISTERIOS DEJAME AYUDARIE
401 H ST STE 8-B
CHULA VISTA, CA 91910-4337

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

87 6 Telephone number (619) 691 96 20

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2006)

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

337.02

See instructions on page 1.

EIN

BANK NAME/
DATE STAMP

MIRIAM M NINO
MINISTERIOS DEJAME AYUDARIE
401 H ST STE 8-B
CHULA VISTA, CA 91910-4337

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

87 6 Telephone number (619) 691 96 20

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2006)

(EIN)
 Employer Identification number _____

Name (not your trade name) Miriam M. Niño

Trade name (if any) dba: Ministerios Dejame Ayudarte

Address 401 H Street Suite 8-B
Chula Vista CA 91910

Report for this Quarter of 2009 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) **1**

2 Wages, tips, and other compensation **2**

3 Income tax withheld from wages, tips, and other compensation **3**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="1930.50"/>	x .124 =	<input type="text" value="239.38"/>
5b Taxable social security tips ..	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="1930.50"/>	x .029 =	<input type="text" value="55.98"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)			<input type="text" value="295.36"/>
6 Total taxes before adjustments (lines 3 + 5d = line 6)			<input type="text" value="337.02"/>

7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment.
 See the instructions.

7a Current quarter's fractions of cents

7b Current quarter's sick pay

7c Current quarter's adjustments for tips and group-term life insurance

7d TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c. **7d**

8 Total taxes after adjustments. Combine lines 6 and 7d. **8**

9 Advance earned income credit (EIC) payments made to employees **9**

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) **10**

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X

12a COBRA premium assistance payments (see instructions)

12b Number of individuals provided COBRA premium assistance reported on line 12a

13 Add lines 11 and 12a **13**

14 Balance due. If line 10 is more than line 13, enter the difference here **14**

For information on how to pay, see the instructions.

15 Overpayment. If line 13 is more than line 10, enter the difference here

Check one Apply to next return.
 Send a refund.

Name (not your trade name) Miriam M. Niño	Employer identification number (EIN)
--	--------------------------------------

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

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

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

17 Check one: Line 10 is less than \$2,500. Go to Part 3.

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

Tax liability:	Month 1	<input type="text"/>
	Month 2	<input type="text"/>
	Month 3	<input type="text"/>

Total liability for quarter Total must equal line 10.

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

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

18 If your business has closed or you stopped paying wages Check here, and

enter the final date you paid wages

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

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

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

Yes. Designee's name and phone number

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

No.

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

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

▶ Sign your name here	<input type="text"/>	Print your name here	<input type="text" value="Miriam M. Niño"/>
		Print your title here	<input type="text" value="OWNER"/>
Date	<input type="text" value="10/10/09"/>	Best daytime phone	<input type="text" value="619-990-0863"/>

Paid preparer's use only

Check if you are self-employed

Preparer's name	<input type="text"/>	Preparer's SSN/PTIN	<input type="text"/>		
Preparer's signature	<input type="text"/>	Date	<input type="text" value="10/10/09"/>		
Firm's name (or yours if self-employed)	<input type="text" value="Merc Advisors, LLC."/>	EIN	<input type="text"/>		
Address	<input type="text" value="660 Bay Blv Ste 101"/>		Phone	<input type="text" value="619-691-9620"/>	
City	<input type="text" value="Chula Vista"/>	State	<input type="text" value="CA"/>	ZIP code	<input type="text" value="91910"/>

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029 970309

Calendar year 2009 Department of the Treasury — Internal Revenue Service

Report for this Quarter

Employer identification number _____

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Name (not your trade name) Miriam M. Niño

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS), DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1		9		17	15.31	25	
2		10	17.25	18		26	
3	8.42	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	39.43
8		16		24			

Tax liability for Month 1
80.41

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	34.89
5		13		21	27.93	29	
6		14	16.84	22		30	
7	27.93	15		23		31	
8		16		24			

Tax liability for Month 2
107.59

Month 3

1		9		17		25	65.22
2		10		18	27.93	26	
3		11	27.93	19		27	
4	27.94	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3
149.02

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter
Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter
337.02



PAGE 1 OF 1

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QTR ENDED 9 30 09

DUE 10 01 09

DELINQUENT 11 02 09

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Miriam M. Niño
401 H Street Suite 8-B

Chula Vista CA 91910

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VOLUNTARY PLAN DI

No Payroll

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1,930.50

I declare that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE

TITLE Owner

DATE 10 10 09

PHONE NO. 619-691-9620

Form DE 88ALL Payroll Tax Deposit

(on bottom of page)

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CUT ALONG DASHED LINE



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Miriam M. Niño
401 H Street Suite 8-B
Chula Vista CA 91910

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EMPLOYMENT DEVELOPMENT DEPARTMENT

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PREPARER

PHONE NUMBER
619-691-9620





COPY

TAX PAYMENT INSTRUCTIONS

Client: MIRIAM M. NIÑO

Month: September Quarterly: 3 rd -09

Enclosed please find the following forms:

X APPLIES	FORM	DESCRIPTION		AMOUNT
X	940	Internal Revenue Service	Need Check	- 0 -
X	944	Internal Revenue Service	No Check	- 0 -
X	DE-6	EDD	No Check	- 0 -
	DE-7	EDD	No Check	- 0 -
	W-2's	Social Security	No Check	- 0 -
	W-3	Social security	No Check	- 0 -



All the above forms indicated must be mailed with the appropriate check on or before: _____

DEPOSITS

X APPLIES	TYPE OF TAX	TAX PERIOD	PAYEE	AMOUNT
X	941	09/30/09	Your Bank	337.02
X	940	09/30/09	Your Bank	50.71
X	EDD	09/30/09	EDD	88.81



Payroll tax deposit (941) must be deposited at your bank by

10/15/09



Payroll tax deposit (940) must be deposited at your bank by

10/15/09



Employment Development Department deposit should be mailed by

10/30/09

Sincerely,

Nora Gonzalez

Date:

10/10/2009

Tel: (619) 691-9620

Tel: (619) 476-8242

Fax: (619) 691-9622

660 Bay Blvd Ste 101
Chula Vista, CA 91910

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

50.71

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN

MIRIAM M NINO
MINISTERIOS DEJANE AYUDARIE
401 H ST STE 8-B
CHULA VISTA, CA 92010-4337

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

87 b Telephone number (619) 691 96 80

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2006)

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

337.02

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN

MIRIAM M NINO
MINISTERIOS DEJANE AYUDARIE
401 H ST STE 8-B
CHULA VISTA, CA 92010-4337

941	945	1st Quarter
1120	1042	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	944	
940		

82

87 b Telephone number (619) 691 96 80

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2006)

Form **941** for 2009: **Employer's QUARTERLY Federal Tax Return**
 (Rev. April 2009) Department of the Treasury — Internal Revenue Service

970109

OMB No. 1545-0029

Report for this Quarter of 2009 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

(EIN)
 Employer Identification number _____

Name (not your trade name) Miriam M. Niño

Trade name (if any) dba: Ministerios Dejame Ayudarte

Address 401 H Street Suite 8-B
Chula Vista CA 91910

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1

2 Wages, tips, and other compensation 2

3 Income tax withheld from wages, tips, and other compensation 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="1930.50"/>	x .124 =	<input type="text" value="239.38"/>
5b Taxable social security tips ..	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="1930.50"/>	x .029 =	<input type="text" value="55.98"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d).....			<input type="text" value="295.36"/>
6 Total taxes before adjustments (lines 3 + 5d = line 6)			<input type="text" value="337.02"/>

7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment.
 See the instructions.

7a Current quarter's fractions of cents

7b Current quarter's sick pay

7c Current quarter's adjustments for tips and group-term life insurance

7d TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c..... 7d

8 Total taxes after adjustments. Combine lines 6 and 7d..... 8

9 Advance earned income credit (EIC) payments made to employees 9

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)..... 10

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X

12a COBRA premium assistance payments (see instructions)

12b Number of individuals provided COBRA premium assistance reported on line 12a

13 Add lines 11 and 12a 13

14 Balance due. If line 10 is more than line 13, enter the difference here 14

15 Overpayment. If line 13 is more than line 10, enter the difference here.....

Apply to next return.
 Send a refund.
 Check one

Name (not your trade name) Miriam M. Niño	Employer identification number (EIN)
--	--------------------------------------

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

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

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

17 Check one: Line 10 is less than \$2,500. Go to Part 3.

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

Tax liability:	Month 1	<input style="width:95%;" type="text"/>
	Month 2	<input style="width:95%;" type="text"/>
	Month 3	<input style="width:95%;" type="text"/>

Total liability for quarter Total must equal line 10.

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

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

18 If your business has closed or you stopped paying wages Check here, and

enter the final date you paid wages

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

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

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

Yes. Designee's name and phone number

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

No.

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

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

Sign your name here	<input style="width:95%;" type="text"/>	Print your name here	<input style="width:95%;" type="text" value="Miriam M. Niño"/>
		Print your title here	<input style="width:95%;" type="text" value="OWNER"/>
Date	<input style="width:100px;" type="text" value="10/10/09"/>	Best daytime phone	<input style="width:150px;" type="text" value="619-990-0863"/>

Paid preparer's use only

Check if you are self-employed

Preparer's name	<input style="width:95%;" type="text"/>	Preparer's SSN/PTIN	<input style="width:95%;" type="text"/>
Preparer's signature	<input style="width:95%;" type="text"/>	Date	<input style="width:100px;" type="text" value="10/10/09"/>
Firm's name (or yours if self-employed)	<input style="width:95%;" type="text" value="Merc Advisors, LLC."/>	EIN	<input style="width:150px;" type="text" value="-- --"/>
Address	<input style="width:95%;" type="text" value="660 Bay Blv Ste 101"/>	Phone	<input style="width:150px;" type="text" value="619-691-9620"/>
City	<input style="width:250px;" type="text" value="Chula Vista"/>	State	<input style="width:50px;" type="text" value="CA"/>
		ZIP code	<input style="width:100px;" type="text" value="91910"/>

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029 970309

Calendar year 2009 Department of the Treasury — Internal Revenue Service

Report for this Quarter

Employer identification number _____

1: January, February, March

Name (not your trade name) Miriam M. Niño

2: April, May, June

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS), DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

3: July, August, September

4: October, November, December

Month 1

1		9		17	15.31	25	
2		10	17.25	18		26	
3	8.42	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	39.43
8		16		24			

Tax liability for Month 1
80.41

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	34.89
5		13		21	27.93	29	
6		14	16.84	22		30	
7	27.93	15		23		31	
8		16		24			

Tax liability for Month 2
107.59

Month 3

1		9		17		25	65.22
2		10		18	27.93	26	
3		11	27.93	19		27	
4	27.94	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3
149.02

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter
 Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter
337.02



QTR ENDED 9 30 09

DUE 10 01 09

DELINQUENT 11 02 09

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Miriam M. Niño
401 H Street Suite 8-B
Chula Vista CA 91910

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VOLUNTARY PLAN DI

No Payroll

Final Return

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1,930.50

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1,930.50

I declare that the information herein is true and correct to the best of my knowledge and belief.

SIGNATURE

TITLE Owner

DATE 10 10 09

PHONE NO. 619-691-9620

Form DE 88ALL Payroll Tax Deposit

(on bottom of page)

CUT ALONG DASHED LINE

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Miriam M. Niño
401 H Street Suite 8-B
Chula Vista CA 91910

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EMPLOYMENT DEVELOPMENT DEPARTMENT

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CUT ALONG DASHED LINE

PREPARER

PHONE NUMBER