

Calculation of Employer State & Local taxes assessed on employee compensation, primarily state unemployment insurance tax (Derived from State Quarterly Wage Reporting Forms)

Baker Foods Inc. EIN: 12-3456789

Calculation of Employer State & Local
Taxes assessed on Employee Compensation

Please attach documentation from the 940/W-3. 941's or other appropriate documentation based or entity type that will support the amounts noted below
This documentation to be printed to a PDF and combined to a PDF printout of this page

	arter ding <u>Amount</u>
1st Quarter	9,870
2nd Quarter	5,425
3rd Quarter	2,257
4th Quarter	1,108
Total Employer State & Local taxes assessed on employee compensation	18,660
	<u>-</u>
Average Monthly Employer State & Local taxes assessed on employee compensati	on 1.555

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



Reference these numbers in all correspondence: Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year. **UI** Employer 9999999 For office use only 2 3 registration number July 1 Postmark 19 Mar 31 X Sep 30 Dec 31 Jun 30 Withholding 123456789 identification number Are dependent health insurance benefits No X available to any employee? Received date Employer legal name: Baker Foods If seasonal employer, mark an X in the box ... Number of employees a. First month b. Second month c. Third month Enter the number of full-time and part-time covered SI 105 125 124 employees who worked during or received pay for the week that includes the 12th day of each month. Part B - Withholding tax (WT) information Part A - Unemployment insurance (UI) information 12. New York State 1. Total remuneration paid this 46000 730000 tax withheld quarter 2. Remuneration paid this quarter 13. New York City in excess of the UI wage base 322990 27000 tax withheld since January 1 (see instr.).. 14. Yonkers tax 3. Wages subject to contribution 407010 00 withheld (subtract line 2 from line 1) ... UI contributions due 15. Total tax withheld Enter your 73000 9565 00 . 35 2 (add lines 12, 13, and 14) Ul rate 16. WT credit from previous 5. Re-employment service fund 305 00 quarter's return (see instr.) (multiply line 3 × .00075) ... 6. UI previously underpaid with 17. Form NYS-1 payments made 73000 for quarter interest 18. Total payments 9870 00 73000 (add lines 16 and 17) 7. Total of lines 4, 5, and 6 19. Total WT amount due (if line 15 is greater than line 18, enter difference) ... 8. Enter UI previously overpaid Total WT overpaid (if line 18 Total UI amounts due (if line 7 is is greater than line 15, enter difference 00 greater than line 8, enter difference) ... here and mark an X in 20a or 20b)* Total UI overpaid (if line 8 is 20b. Credit to next quarter 20a. Apply to outstanding greater than line 7, enter difference or withholding tax and mark box 11 below)* liabilities and/or refund 11. Apply to outstanding liabilities 21. Total payment due (add lines 9 and 19; make one and/or refund remittance payable to NYS Employment Contributions and Taxes). * An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required. Part C - Employee wage and withholding information Quarterly employee/payee wage reporting and withholding information (If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.) Total NYS, NYC, and Yonkers tax withheld Gross federal wages or Total UI remuneration Last name, first name, middle initial Social Security number distribution (see instructions) Totals (column c must equal remuneration on line 1; see instructions for exceptions) Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete Signer's name (please print) Signature (see instructions) Telephone number Date

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

			STREET, ST.		
-	1191	 	_	II	

Reference these numbers in all correspondence: Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year. **UI** Employer 9999999 For office use only 2 3 registration number July 1 Postmark Jun 30 X 19 Sep 30 Dec 31 Mar 31 Withholding 123456789 identification number Are dependent health insurance benefits No X available to any employee? Received date Employer legal name: Baker Foods If seasonal employer, mark an X in the box ... Number of employees c. Third month a. First month b. Second month Enter the number of full-time and part-time covered 105 employees who worked during or received pay for 125 124 the week that includes the 12th day of each month. Part B - Withholding tax (WT) information Part A - Unemployment insurance (UI) information 12. New York State 1. Total remuneration paid this 46000 tax withheld quarter 2. Remuneration paid this quarter 13. New York City in excess of the UI wage base 506289 27000 tax withheld ... since January 1 (see instr.)... 14. Yonkers tax 3. Wages subject to contribution 223711 0 withheld (subtract line 2 from line 1) ... UI contributions due Enter your 2 15. Total tax withheld 73000 5257 00 35 (add lines 12, 13, and 14) 16. WT credit from previous 5. Re-employment service fund 168 00 (multiply line 3 × .00075) ... quarter's return (see instr.) 6. UI previously underpaid with 17. Form NYS-1 payments made 73000 for quarter interest 18. Total payments 73000 5425 00 7. Total of lines 4, 5, and 6 (add lines 16 and 17) 19. Total WT amount due (if line 15 8. Enter UI previously overpaid is greater than line 18, enter difference) ... 20. Total WT overpaid (if line 18 is greater than line 15, enter difference Total UI amounts due (if line 7 is 00 here and mark an X in 20a or 20b) * greater than line 8, enter difference) ... Total UI overpaid (if line 8 is 20b. Credit to next quarter 20a. Apply to outstanding greater than line 7, enter difference or withholding tax and mark box 11 below)* liabilities and/or refund 11. Apply to outstanding liabilities 21. Total payment due (add lines 9 and 19; make one and/or refund remittance payable to NYS Employment Contributions and Taxes) * An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required. Part C - Employee wage and withholding information Quarterly employee/payee wage reporting and withholding information (If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.) Total NYS, NYC, and Yonkers tax withheld Total UI remuneration Gross federal wages or Last name, first name, middle initial Social Security number distribution (see instructions, Totals (column c must equal remuneration on line 1; see instructions for exceptions) Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete Signer's name (please print) Signature (see instructions) Telephone number Date

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



Reference these numbers in a	II corresponder		And Unem				k to indicate th	e quarte	r (a separate		41	1919415	
UI Employer registration number	9999	9999		retur Jan 1	1	e completed 2 Apr 1 -	3 July 1 -	Oct 1 -	enter the year. 4 Y Y		For office Postm	use only	
Withholding identification number	12	3456789		Mar 3		Jun 30	Sep 30	Dec 31	Year 19				
Employer legal name:			ud housed had				nsurance ben ree?		es No X		Receive	ed date	
Baker Foods				If se	easonal (employer,	mark an X in	the box	·				
Number of employees Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.		a. First month			b. Second month		c. Th	c. Third month					
		ed pay for	125		1		124		105	SK	AI S	SI SK	
Part A - Unemploy	ment insu	rance (UI) info	ormation		Pa	rt B - Wi	thholding	tax (\	WT) informa	tion			
Total remuneration pai quarter			730000	0 0	12.	New York S tax withheld	tate I			46	6000	The state of the s	
2. Remuneration paid this in excess of the UI wag since January 1 (see inst	quarter e base		636928	0 0	13.	New York C tax withheld	ity I			2	7000		
3. Wages subject to contri (subtract line 2 from line 1)			93072	00	14.	Yonkers tax withheld					•		
4. UI contributions du Enter your 2 . 35			2187	00	15.	Total tax wit (add lines 12	thheld , 13, and 14)			7:	3000	4	
5. Re-employment service (multiply line 3 × .00075)			70	00	16.		rom previous eturn (see instr.)						
UI previously underpa interest					17.		1 payments ma			7:	3000		
7. Total of lines 4, 5, and	16		2257	00	18.	Total payme (add lines 16	ents and 17)			7:	3000		
8. Enter UI previously ov	erpaid		Approximately the property of			is greater than I	mount due (if lin ine 18, enter differen verpaid (if line 18	ice)		enterno da reprosente			
 Total UI amounts du greater than line 8, enter d Total UI overpaid (if lin 	lifference)		2257	00	20.	is greater than	line 15, enter differ an X in 20a or 20b	rence			•		
greater than line 7, enter and mark box 11 below)	difference		•		20a.	Apply to ou liabilities a	tstanding nd/or refund	[]		redit to noting			
11. Apply to outstanding I and/or refund			remitta	nce pay	able to NY	'S Employn	nd 19; make or nent Contribut	tions		22	2531	30	
* An overpay	ment of e	ither UI contri		withho	olding t	ax canno	ot be used	to offs	set an amoui	nt due	for the	other.	
100			t C – Employ										
(If more i	than five en	Quarterly er nployees or if re	mployee/pay eporting other Do not use	wages	s. do no	t make en	tries in this	section	mation ; complete For	m NYS	-45-AT	Т.	
a Social Security number b Last name, first name					Total UI remuneration paid this quarter		d	Gross federal wag distribution (see insti		e Total NYS, NYC, a Yonkers tax withhe			
						erno nomeno esta esta esta esta esta esta esta esta	•						
							•						
							•			×			
Totals (column c must	equal remuner	ration on line 1; see in:	structions for exce	ptions)					11			lc t-	
Sign your return: I co	ertify that the	e information on t	his return and	any att		s is to the k		owledge	e and belief true Title	, correct	, and co	mplete.	
Date	Telen	hone number											

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



Reference these numbers in all correspondence: Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year. **UI** Employer 9999999 2 3 For office use only registration number July 1 Dec 31 X Year 19 Mar 31 Jun 30 Sep 30 Withholding 123456789 identification number Are dependent health insurance benefits Employer legal name: available to any employee? No X Received date Baker Foods If seasonal employer, mark an X in the box Number of employees a. First month b. Second month c. Third month Enter the number of full-time and part-time covered WT AI SI employees who worked during or received pay for 125 105 124 the week that includes the 12th day of each month Part A - Unemployment insurance (UI) information Part B - Withholding tax (WT) information New York State 1. Total remuneration paid this 730000 46000 tax withheld quarter 2. Remuneration paid this quarter 13. New York City in excess of the UI wage base 684309 27000 tax withheld since January 1 (see instr.)... 3. Wages subject to contribution 14. Yonkers tax 45691 00 (subtract line 2 from line 1) withheld 4. UI contributions due 15. Total tax withheld Enter your 1074 00 73000 . 35 2 (add lines 12, 13, and 14) UI rate 5. Re-employment service fund 16. WT credit from previous 34 00 (multiply line 3 × .00075) ... quarter's return (see instr.) 6. UI previously underpaid with 17. Form NYS-1 payments made 73000 for quarter interest 18. Total payments 1108 00 73000 7. Total of lines 4, 5, and 6 (add lines 16 and 17) 19. Total WT amount due (if line 15 8. Enter UI previously overpaid is greater than line 18, enter difference) . . Total WT overpaid (if line 18 9. Total UI amounts due (if line 7 is is greater than line 15, enter difference 1108 00 greater than line 8, enter difference) ... here and mark an X in 20a or 20b)* Total UI overpaid (if line 8 is 20b. Credit to next quarter greater than line 7, enter difference and mark box 11 below)* 20a. Apply to outstanding withholding tax liabilities and/or refund 11. Apply to outstanding liabilities 21. Total payment due (add lines 9 and 19; make one and/or refund remittance payable to NYS Employment Contributions and Taxes). * An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required. Part C - Employee wage and withholding information Quarterly employee/payee wage reporting and withholding information (If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.) Total NYS, NYC, and Yonkers tax withheld Total UI remuneration Gross federal wages or distribution (see instructions, Last name, first name, middle initial Social Security number Totals (column c must equal remuneration on line 1; see instructions for exceptions) Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete Signer's name (please print) Signature (see instructions) Date Telephone number