

Baker Foods Inc.

EIN: 12-3456789

Compensation Calculation

If in Business for all of 2019 with consistent payroll  
Average Monthly Payroll

2,920,000
243,333

2019 Form 940 Line 3 or W-3  
This document to be printed to a PDF and combined to a PDF printout of this

If in Business for 2019 with inconsistent payroll  
Quarter Ending 3/31/19  
Quarter Ending 6/30/19  
Quarter Ending 9/30/19  
Quarter Ending 12/31/19  
Quarter Ending 3/31/20


From 2019 IRS Form 941 Taxable Medicare Wages & Tips (line 5c-column 1)  
This document to be printed to a PDF and combined to a PDF printout of this

Other - Please Discuss why another reporting period should be used  
in a detailed memorandum

Average Monthly Payroll to be used

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Explanation of Methodology Used

Based on review of the above:  
Average Monthly Compensation Amount to be Used for PPP Loan Prior  
to reduction for compensation in excess of \$100,000 per employee

243,333
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Reduction for compensation in excess of \$100,000 per individual

(16,667)	Negative Amount
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Compensation adjusted for those in excess of \$100,000 per individual

226,666
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# Form 940 for 2019: Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN)	1	2	—	3	4	5	6	7	8	9
Name (not your trade name)	Baker Foods Inc.									
Trade name (if any)										
Address	100 Executive Drive									
	Number		Street				Suite or room number			
	Deer Park				NY		11735			
	City				State		ZIP code			
	Foreign country name				Foreign province/county		Foreign postal code			

## Type of Return (Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2019
- ☐ d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

### Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . . . . 1a ☐ N ☐ Y
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . . 1b ☐ Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 2 ☐ Check here. Complete Schedule A (Form 940).

### Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

- 3 Total payments to all employees . . . . . 3 2920000 . 00
- 4 Payments exempt from FUTA tax . . . . . 4 0 . 00
- Check all that apply: 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 5 Total of payments made to each employee in excess of \$7,000 . . . . . 5 945000 . 00
- 6 Subtotal (line 4 + line 5 = line 6) . . . . . 6 945000 . 00
- 7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions. . . . . 7 1975000 . 00
- 8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . 8 11850 . 00

### Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . . . 9 .
- 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . . . 10 .
- 11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 11 .

### Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

- 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . . 12 11850 . 00
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . . . 13 11850 . 00
- 14 Balance due. If line 12 is more than line 13, enter the excess on line 14.
- If line 14 is more than \$500, you must deposit your tax.
  - If line 14 is \$500 or less, you may pay with this return. See instructions . . . . . 14 0 . 00
- 15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 .

► You **MUST** complete both pages of this form and **SIGN** it.

Check one: ☐ Apply to next return. ☐ Send a refund.

Next ►

Name (not your trade name)

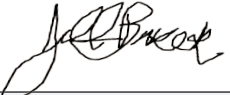
Employer identification number (EIN)

**Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.****16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.****16a 1st quarter** (January 1 – March 31) . . . . . **16a** **16b 2nd quarter** (April 1 – June 30) . . . . . **16b** **16c 3rd quarter** (July 1 – September 30) . . . . . **16c** **16d 4th quarter** (October 1 – December 31) . . . . . **16d** **17 Total tax liability for the year** (lines 16a + 16b + 16c + 16d = line 17) **17**  **Total must equal line 12.****Part 6: 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 the instructions for details.**☐ **Yes.** Designee's name and phone number 

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

☐ **No.****Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X Sign your name here**

Print your name here

Jill J. Baker

Print your title here

President

Date

3 / 10 / 2020

Best daytime phone

516 555 1212

**Paid Preparer Use Only**Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code