Asset Enhancement Solutions, LLC
Creative Solutions to Financial Challenges

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

	Quarter Ending	Amount
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
Average Monthly Employer State & Local taxes assessed on employee compensation		1,555

Asset Enhancement Solutions, LLC
Creative Solutions to Financial Challenges

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

NYS-45 (1/19)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

41919415

Reference these numbers in all correspondence:

UI Employer registration number: 9999999

Withholding identification number: 123456789

Employer legal name: Baker Foods

Mark an *X* in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

Jan 1 - Mar 31	1	Apr 1 - Jun 30	2	July 1 - Sep 30	3	Oct 1 - Dec 31	4	Y Y Year
X								19

Are dependent health insurance benefits available to any employee? .... Yes ☐   No ☒

If **seasonal employer**, mark an *X* in the box .... ☐

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Received date

UI SK | AI | SI | WT SK

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. Third month
125	124	105

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter	730000	0 0
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)*.......	322990	0 0
3. Wages subject to contribution *(subtract line 2 from line 1)*	407010	0 0
4. UI contributions due Enter your UI rate [2] . [35] %	9565	00
5. Re-employment service fund *(multiply line 3 × .00075)*	305	00
6. UI previously underpaid with interest		.
7. Total of lines 4, 5, and 6	9870	00
8. Enter UI previously overpaid		.
9. Total UI amounts due *(if line 7 is greater than line 8, enter difference)* ...	9870	00
10. Total UI overpaid *(if line 8 is greater than line 7, enter difference and mark box 11 below)* *		.
11. Apply to outstanding liabilities and/or refund .... ☐		

Part B - Withholding tax (WT) information

12. New York State tax withheld	46000	.
13. New York City tax withheld	27000	.
14. Yonkers tax withheld		.
15. Total tax withheld *(add lines 12, 13, and 14)*	73000	.
16. WT credit from **previous quarter's** return *(see instr.)*		.
17. Form NYS-1 payments made for quarter	73000	.
18. Total payments *(add lines 16 and 17)*	73000	.
19. **Total WT amount due** *(if line 15 is greater than line 18, enter difference)* ...		.
20. Total WT overpaid *(if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* * ...		.
20a. Apply to outstanding liabilities and/or refund ...... ☐ **or** 20b. Credit to next quarter withholding tax .... ☐		
21. **Total payment due** *(add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes)*	22531	30

* 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.)

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution *(see instructions)*	e Total NYS, NYC, and Yonkers tax withheld
		.		
		.		
		.		
		.		
		.		
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.

Signature *(see instructions)*

Signer's name *(please print)*

Title

Date

Telephone number

NYS-45 (1/19)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

41919415

Reference these numbers in all correspondence:

UI Employer registration number: 9999999

Withholding identification number: 123456789

Employer legal name: Baker Foods

Mark an *X* in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

| 1 Jan 1 - Mar 31 | 2 Apr 1 - Jun 30 [X] | 3 July 1 - Sep 30 | 4 Oct 1 - Dec 31 | Y Y Year 19 |

Are dependent health insurance benefits available to any employee? ..... Yes [ ] No [X]

If **seasonal employer**, mark an *X* in the box .... [ ]

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Postmark
Received date
UI SK | AI | SI | WT SK

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. Third month
125	124	105

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter	730000	00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)*	506289	00
3. Wages subject to contribution *(subtract line 2 from line 1)*	223711	00
4. UI contributions due Enter your UI rate [2].[35] %	5257	00
5. Re-employment service fund *(multiply line 3 × .00075)*	168	00
6. UI previously underpaid with interest		.
7. Total of lines 4, 5, and 6	5425	00
8. Enter UI previously overpaid		.
9. Total UI amounts due *(if line 7 is greater than line 8, enter difference)* ...	5425	00
10. Total UI overpaid *(if line 8 is greater than line 7, enter difference and mark box 11 below)**		.
11. Apply to outstanding liabilities and/or refund .... [ ]		

Part B - Withholding tax (WT) information

12. New York State tax withheld	46000	.
13. New York City tax withheld	27000	.
14. Yonkers tax withheld		.
15. Total tax withheld *(add lines 12, 13, and 14)*	73000	.
16. WT credit from **previous quarter's** return *(see instr.)*		.
17. Form NYS-1 payments made for quarter	73000	.
18. Total payments *(add lines 16 and 17)*	73000	.
19. **Total WT amount due** *(if line 15 is greater than line 18, enter difference)* ...		.
20. Total WT overpaid *(if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)** ...		.
20a. Apply to outstanding liabilities and/or refund ...... [ ] **or** 20b. Credit to next quarter withholding tax .... [ ]		

21. **Total payment due** *(add lines **9** and **19**; make one remittance payable to **NYS Employment Contributions and Taxes**)* .... | 22531 | 30 |

* 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.)*

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution *(see instructions)*	e Total NYS, NYC, and Yonkers tax withheld
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.

Signature *(see instructions)*	Signer's name *(please print)*	Title

Date	Telephone number

NYS-45 (1/19)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

41919415

Reference these numbers in all correspondence:

UI Employer registration number	9999999
Withholding identification number	123456789

Employer legal name:

Baker Foods

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

1 Jan 1 - Mar 31	2 Apr 1 - Jun 30	3 July 1 - Sep 30 **X**	4 Oct 1 - Dec 31	Y Y Year **19**

Are dependent health insurance benefits available to any employee? .... Yes ☐ No **X**

If **seasonal employer**, mark an **X** in the box .... ☐

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UI SK | AI | SI | WT SK

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. Third month
125	124	105

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter	730000	0 0
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)*.......	636928	0 0
3. Wages subject to contribution *(subtract line 2 from line 1)*	93072	0 0
4. UI contributions due Enter your UI rate [2].[35] %	2187	00
5. Re-employment service fund *(multiply line 3 × .00075)*	70	00
6. UI previously underpaid with interest		
7. Total of lines 4, 5, and 6	2257	00
8. Enter UI previously overpaid.....		
9. Total UI amounts due *(if line 7 is greater than line 8, enter difference)* ...	2257	00
10. Total UI overpaid *(if line 8 is greater than line 7, enter difference and mark box 11 below)* *		
11. Apply to outstanding liabilities and/or refund .... ☐		

Part B - Withholding tax (WT) information

12. New York State tax withheld	46000
13. New York City tax withheld	27000
14. Yonkers tax withheld	
15. Total tax withheld *(add lines 12, 13, and 14)*	73000
16. WT credit from **previous quarter's** return *(see instr.)*	
17. Form NYS-1 payments made for quarter	73000
18. Total payments *(add lines 16 and 17)*	73000
19. Total WT amount due *(if line 15 is greater than line 18, enter difference)* ...	
20. Total WT overpaid *(if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* * ...	

20a. Apply to outstanding liabilities and/or refund ...... ☐ **or** 20b. Credit to next quarter withholding tax .... ☐

21. **Total payment due** *(add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes)* .... | 22531 | 30

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Complete Parts D and E on back of form, if required.

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***Do not** use negative numbers; see instructions.)*

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution *(see instructions)*	e Total NYS, NYC, and Yonkers tax withheld
Totals *(column c must equal remuneration on line 1; see instructions for exceptions)*				

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Signature *(see instructions)*	Signer's name *(please print)*	Title

Date	Telephone number

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Employer legal name: Baker Foods

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

1 Jan 1 - Mar 31	2 Apr 1 - Jun 30	3 July 1 - Sep 30	4 Oct 1 - Dec 31 [X]	Y Y Year 19

Are dependent health insurance benefits available to any employee? .... Yes [ ] No [X]

If **seasonal employer**, mark an **X** in the box .... [ ]

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UI SK | AI | SI | WT SK

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. Third month
125	124	105

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter	730000	0 0
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)*	684309	0 0
3. Wages subject to contribution *(subtract line 2 from line 1)*	45691	0 0
4. UI contributions due Enter your UI rate [2] . [35] %	1074	00
5. Re-employment service fund *(multiply line 3 × .00075)*	34	00
6. UI previously underpaid with interest		.
7. Total of lines 4, 5, and 6	1108	00
8. Enter UI previously overpaid		.
9. Total UI amounts due *(if line 7 is greater than line 8, enter difference)*	1108	00
10. Total UI overpaid *(if line 8 is greater than line 7, enter difference and mark box 11 below)* *		.
11. Apply to outstanding liabilities and/or refund	[ ]	

Part B - Withholding tax (WT) information

12. New York State tax withheld	46000	.
13. New York City tax withheld	27000	.
14. Yonkers tax withheld		.
15. Total tax withheld *(add lines 12, 13, and 14)*	73000	.
16. WT credit from **previous quarter's** return *(see instr.)*		.
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19. **Total WT amount due** *(if line 15 is greater than line 18, enter difference)*		.
20. Total WT overpaid *(if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* *		.
20a. Apply to outstanding liabilities and/or refund [ ] **or** 20b. Credit to next quarter withholding tax [ ]		

| 21. **Total payment due** *(add lines 9 and 19; make one remittance payable to* **NYS Employment Contributions and Taxes***)* | 22531 | 30 |

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