

Baker Foods Inc.

EIN: 12-3456789

2nd Draw

Paycheck Protection Program (PPP)

PPP Loan Amount Calculation

This document to be printed to a PDF and Saved

If you are in the hospitality industry and your NAICS code starts with "72" enter "72"

-

If this is your 2nd PPP Draw - Enter "2" in the cell to the right

2

Average Monthly Compensation: (You should have only one based on Entity Type)

C-Corporation & S-Corporation

243,333

Partnerships

Partners (K-1's)

-

Employees

-

Eligible Non-Profit Organizations

-

Eligible Non-Profit Religious Organizations, Veterans Organizations & Tribal Businesses

-

Less: Reduction for compensation in excess of \$100,000 per individual

(16,667)

Should be a negative number

Adjusted Average Monthly Compensation

226,666

Net Average Monthly Employer Health Care Cost

14,589

Net Average Monthly Employer Retirement Contributions

13,507

Average Monthly Employer State & Local taxes assessed on employee compensation

1,555

Total Average Monthly Payroll

256,317

Multiplier (2.5 for all business types except those with NAICS Code starting with "72")

2.5

Note: If your are in the hospitality business and your NAICS Code startgs with a "72" change multiplier to 3.5

Loan Amount

640,793

Maximum Loan Amount (\$10 million for 1st Draw, \$2 million for 2nd Draw)

2,000,000

Add: Outstanding Amount of Economic Injury Disaster Loan (EIDL) made between January 31, 2020 and April 3, 2020 that you seek to refinance

-

Calculated Loan Amount

640,793

Baker Foods Inc.

EIN: 12-3456789

2nd Draw

Compensation Calculation

To maximize PPP loan amount, 2019 or 2020 payroll information can be used

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 page

If in Business for all of 2020 with consistent payroll

Average Monthly Payroll

2,000,000
166,667

2020 Form 940 Line 3 or W-3

This document to be printed to a PDF and combined to a PDF printout of this page

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

Quarter Ending 6/30/20

Quarter Ending 9/30/20

Quarter Ending 12/31/20

From 2019 IRS Form 941 Taxable Medicare Wages & Tips (line 5c-column 1)

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From 2020 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 page

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

Average Monthly Payroll to be used

--

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

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

(16,667)

Negative Amount

Compensation adjusted for those in excess of \$100,000 per individual

226,666

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/country 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 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

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

4 Payments exempt from FUTA tax 4
 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

6 Subtotal (line 4 + line 5 = line 6) 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions. 7

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8

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

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13

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

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.



Name (not your trade name)	Employer identification number (EIN)
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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	<input style="width:90%;" type="text"/>	▪
16b 2nd quarter (April 1 – June 30)	16b	<input style="width:90%;" type="text"/>	▪
16c 3rd quarter (July 1 – September 30)	16c	<input style="width:90%;" type="text"/>	▪
16d 4th quarter (October 1 – December 31)	16d	<input style="width:90%;" type="text"/>	▪
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17	17	<input style="width:90%;" type="text"/>	▪ 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

Print your title here

Date

Best daytime phone

Paid Preparer Use Only Check if you are self-employed

Preparer's name <input style="width:90%;" type="text"/>	PTIN	<input style="width:90%;" type="text"/>
Preparer's signature <input style="width:90%;" type="text"/>	Date	<input style="width:100px;" type="text" value="/ /"/>
Firm's name (or yours if self-employed) <input style="width:90%;" type="text"/>	EIN	<input style="width:90%;" type="text"/>
Address <input style="width:90%;" type="text"/>	Phone	<input style="width:90%;" type="text"/>
City <input style="width:150px;" type="text"/>	State <input style="width:50px;" type="text"/>	ZIP code <input style="width:100px;" type="text"/>

Baker Foods Inc.
EIN: 12-3456789
2nd Draw

List the names of people with compensation in excess of \$100,000 annually

If possible, please provide the appropriate information to support this compensation information

This documentation to be printed to a PDF and combined to a PDF printout of this page

Compensation in Excess of \$100,000 Annually or \$8,333 Monthly

<u>Name</u>	<u>Annual Compensation</u>	<u>Monthly</u>	<u>Monthly Cap</u>	<u>Excess over Cap</u>
Total of All Personnel Below	700,000	58,333	41,665	(16,667)
Company Personnel				
Jill Baker	175,000	14,583	8,333	(6,250)
Joseph Craig	160,000	13,333	8,333	(5,000)
Linus Baker	125,000	10,417	8,333	(2,083)
James Craig	125,000	10,417	8,333	(2,083)
Cecily Boston	115,000	9,583	8,333	(1,250)

22222		a Employee's social security number 111-22-3333		OMB No. 1545-0008				
b Employer identification number (EIN) 12-3456789			1 Wages, tips, other compensation 175000.00		2 Federal income tax withheld 21000.00			
c Employer's name, address, and ZIP code Baker Foods Inc. 100 Baker Drive Farmingdale, NY 11735			3 Social security wages 175000.00		4 Social security tax withheld 8239.80			
			5 Medicare wages and tips 175000.00		6 Medicare tax withheld 1927.10			
			7 Social security tips 0.00		8 Allocated tips 0.00			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o d e
Jill J. Baker		500 Farmers Lane		Farmingdale, NY 11735		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e
f Employee's address and ZIP code						14 Other		12c C o d e
								12d C o d e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NY	12-3456789	175000.00	11230.00	175000.00		NYSDI		

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2019

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 544-445-5555		OMB No. 1545-0008			
b Employer identification number (EIN) 12-3456789			1 Wages, tips, other compensation 115000.00		2 Federal income tax withheld 11320.00		
c Employer's name, address, and ZIP code Baker Foods Inc. 100 Baker Drive Farmingdale, NY 11735			3 Social security wages 115000.00		4 Social security tax withheld 7130.00		
			5 Medicare wages and tips 115000.00		6 Medicare tax withheld 1667.50		
			7 Social security tips 0.00		8 Allocated tips 0.00		
d Control number BF001023			9		10 Dependent care benefits 0.00		
e Employee's first name and initial Last name Suff. Cecily Boston 60 Silber Street Farmingdale, NY 11735			11 Nonqualified plans			12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			12b C o o d e	
			14 Other			12c C o o d e	
						12d C o o d e	
f Employee's address and ZIP code							
15 State NY	Employer's state ID number 12-3456789	16 State wages, tips, etc. 115000.00	17 State income tax 5480.00	18 Local wages, tips, etc. 115000.00	19 Local income tax 0.00	20 Locality name NYSDI	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2019

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 987-65-4321		OMB No. 1545-0008			
b Employer identification number (EIN) 12-3456789			1 Wages, tips, other compensation 125000.00		2 Federal income tax withheld 14400.00		
c Employer's name, address, and ZIP code Baker Foods Inc. 100 Baker Drive Farmingdale, NY 11735			3 Social security wages 125000.00		4 Social security tax withheld 7750.00		
			5 Medicare wages and tips 125000.00		6 Medicare tax withheld 1812.50		
			7 Social security tips 0.00		8 Allocated tips 0.00		
d Control number BF001023			9		10 Dependent care benefits 0.00		
e Employee's first name and initial Last name Suff. James P. Craig 400 Farmers Lane Farmingdale, NY 11735			11 Nonqualified plans			12a	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			12b	
			14 Other			12c	
						12d	
f Employee's address and ZIP code							
15 State NY	Employer's state ID number 12-3456789	16 State wages, tips, etc. 125000.00	17 State income tax 9200.00	18 Local wages, tips, etc. 125000.00	19 Local income tax 0.00	20 Locality name NYSDI	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2019

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 333-45-6789		OMB No. 1545-0008			
b Employer identification number (EIN) 12-3456789			1 Wages, tips, other compensation 160000.00		2 Federal income tax withheld 25000.00		
c Employer's name, address, and ZIP code Baker Foods Inc. 100 Baker Drive Farmingdale, NY 11735			3 Social security wages 160000.00		4 Social security tax withheld 8239.80		
			5 Medicare wages and tips 160000.00		6 Medicare tax withheld 1927.10		
			7 Social security tips 0.00		8 Allocated tips 0.00		
d Control number BF001023			9		10 Dependent care benefits 0.00		
e Employee's first name and initial Last name Suff. Joseph J. Craig 400 Farmers Lane Farmingdale, NY 11735			11 Nonqualified plans		12a C o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e		
			14 Other		12c C o d e		
					12d C o d e		
f Employee's address and ZIP code							
15 State NY	Employer's state ID number 12-3456789	16 State wages, tips, etc. 160000.00	17 State income tax 12,000.00	18 Local wages, tips, etc. 160000.00	19 Local income tax 0.00	20 Locality name NYSDI	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2019

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 222-33-4444		OMB No. 1545-0008				
b Employer identification number (EIN) 12-3456789			1 Wages, tips, other compensation 125000.00		2 Federal income tax withheld 9923.00			
c Employer's name, address, and ZIP code Baker Foods Inc. 100 Baker Drive Farmingdale, NY 11735			3 Social security wages 125000.00		4 Social security tax withheld 7750.00			
			5 Medicare wages and tips 125000.00		6 Medicare tax withheld 1812.50			
			7 Social security tips 0.00		8 Allocated tips 0.00			
d Control number BF001023			9		10 Dependent care benefits			
e Employee's first name and initial Linus J. Baker		Last name 500 Farmers Lane		Suff. Farmingdale, NY 11735		11 Nonqualified plans		12a C o d e
f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other		12b C o d e		12c C o d e
						12d C o d e		
						12e C o d e		
15 State NY	Employer's state ID number 12-3456789	16 State wages, tips, etc. 125000.00	17 State income tax 6222.00	18 Local wages, tips, etc. 125000.00	19 Local income tax 0.00	20 Locality name NYSDI		

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2019

Department of the Treasury—Internal Revenue Service



Asset Enhancement Solutions, LLC

Creative Solutions to Financial Challenges

Calculation of Employer Paid Retirement Contributions

Upload this Document

Baker Foods Inc.

EIN: 12-3456789

2nd Draw

Calculation of Employer Paid Retirement Contributions

To maximize PPP loan amount, 2019 or 2020 information can be used

Please provide the appropriate documentation to support the payments of the amounts below (Invoices from Plan

Administrator, Exerts from your General Ledger, etc.)

This documentation to be printed to a PDF and combined to a PDF printout of this page

	Totals	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5
Plan Name		401k	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
January	13,269	13,269				
February	12,985	12,985				
March	13,914	13,914				
April	13,701	13,701				
May	13,422	13,422				
June	13,106	13,106				
July	13,333	13,333				
August	13,186	13,186				
September	13,307	13,307				
October	13,417	13,417				
November	13,188	13,188				
December	15,255	15,255				
Gross Company Paid	162,083	162,083	-	-	-	-

Less: Employee Contributions

Enter a negative number in this cell

Total Net Employer Retirement Contributions

162,083

Employee Contribution to Retirement Costs

You can locate this amount in your 12/31/19 or 12/31/20 Payroll Information or if you are using a different measurement period in the Year-to-Date Payroll Report for that period

Average Monthly Net Employer Retirement Contributions

13,507

BAKER FOODS INC.
Baker Foods Retirement Plan
From 01/01/2019 to 12/31/2019
Contribution Analysis By Source

Name	SS#	Employee Deferrals	Roth Deferrals	Employer Match	Safe Harbor Match	Employer QNEC/QMAC	Profit Sharing	Employer Safe Harbor	Totals
Samuel Merrill	xxx-xx-6799	\$1,200		\$1,405					\$2,605
Melissa Willis	xxx-xx-5799	\$1,700		\$1,991					\$3,691
Leandra Kaufman	xxx-xx-8299	\$1,250		\$1,464					\$2,714
Maya David	xxx-xx-6299	\$3,300		\$3,865					\$7,165
Quinn Compton	xxx-xx-8299	\$3,200		\$3,747					\$6,947
Zephania Cook	xxx-xx-2199	\$1,945		\$2,278					\$4,223
Theodore A	xxx-xx-9399								
Melodie Stokes	xxx-xx-3299	\$3,200		\$3,747					\$6,947
Britanni Stanley	xxx-xx-3899	\$1,600		\$1,874					\$3,474
Xerxes Zimmerman	xxx-xx-0399	\$1,700		\$1,991					\$3,691
Wynter Collier	xxx-xx-8599	\$2,100		\$2,459					\$4,559
Orson Delaney	xxx-xx-1399								
Julie Sykes	xxx-xx-5799								
Kerry Hull	xxx-xx-4899								
Baxter Franks	xxx-xx-4699								
Jayne Santos	xxx-xx-3199								
Darius Estrada	xxx-xx-3899	\$1,239		\$1,451					\$2,690
Skyler Henson	xxx-xx-1099	\$1,755		\$2,056					\$3,811
Hayley Velazquez	xxx-xx-0199	\$1,291		\$1,511					\$2,802
Kalia Lott	xxx-xx-5099	\$3,407		\$3,990					\$7,397
Abdul Avila	xxx-xx-0499	\$3,304		\$3,869					\$7,173
Kitra Smith	xxx-xx-4099	\$2,008		\$2,352					\$4,360
Velma Craft	xxx-xx-5699								
Keith Atkins	xxx-xx-0399	\$3,304		\$3,869					\$7,173
Cassidy Hall	xxx-xx-4599	\$1,652		\$1,935					\$3,587
Neil Robbins	xxx-xx-1299	\$1,755		\$2,056					\$3,811
Channing Cooke	xxx-xx-8299	\$2,168		\$2,539					\$4,707
Gay Gross	xxx-xx-9799								
Gareth Merritt	xxx-xx-9299								
Marvin Jay	xxx-xx-7799								
Rigel Miranda	xxx-xx-5999								
Cherokee Shannon	xxx-xx-9099								
Kennedy Shepard	xxx-xx-4799	\$1,279		\$1,498					\$2,777
Wallace Pacheco	xxx-xx-6899	\$1,812		\$2,122					\$3,935
Tara Lindsay	xxx-xx-9799								
Amos Weaver	xxx-xx-0799	\$3,518		\$4,120					\$7,638

BAKER FOODS INC.
Baker Foods Retirement Plan
From 01/01/2019 to 12/31/2019
Contribution Analysis By Source

Name	SS#	Employee Deferrals	Roth Deferrals	Employer Match	Safe Harbor Match	Employer QNEC/QMAC	Profit Sharing	Employer Safe Harbor	Totals
Heidi Mays	xxx-xx-7399	\$2,411		\$2,824					\$5,235
Mara Santiago	xxx-xx-7099	\$2,073		\$2,428					\$4,502
Melinda Burgess	xxx-xx-3199	\$1,507		\$1,765					\$3,272
Brenden N	xxx-xx-6299	\$2,411		\$2,823					\$5,234
Griffith Atkinson	xxx-xx-2599								
Shafira Barron	xxx-xx-3299								
Xaviera Garza	xxx-xx-3099								
TaShya Sullivan	xxx-xx-0799								
Quinn Waters	xxx-xx-8399								
Jill Baker	xxx-xx-9099	\$5,400		\$6,324					\$11,724
Joseph Craig	xxx-xx-6199	\$2,100		\$2,459					\$4,559
Linus Baker	xxx-xx-4899	\$6,300		\$7,378					\$13,678
James Craig	xxx-xx-4699	\$2,765		\$3,238					\$6,003
Cecily Boston	xxx-xx-6199								
Total		\$74,656		\$87,427					\$162,083



Asset Enhancement Solutions, LLC

Creative Solutions to Financial Challenges

Baker Foods Inc.

EIN: 12-3456789

2nd Draw

Calculation of Employer State & Local Taxes assessed on Employee Compensation

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

To maximize PPP loan amount, 2019 or 2020 information can be used

Please attach documentation from the 940/W-3, 941's or other appropriate documentation based on your 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

	<u>Quarter Ending</u>	<u>Amount</u>
1st Quarter	3/31/2019	9,870
2nd Quarter	6/30/2019	5,425
3rd Quarter	9/30/2019	2,257
4th Quarter	12/31/2019	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

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



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

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

If seasonal employer, mark an X in the box

For office use only Postmark

Received date

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.

Table with 3 columns: a. First month (125), b. Second month (124), c. Third month (105)

UI SK AI SI WT SK

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.) 322990.00
3. Wages subject to contribution (subtract line 2 from line 1) 407010.00
4. UI contributions due Enter your UI rate 2.35% 9565.00
5. Re-employment service fund (multiply line 3 x .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
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.)

Table with 5 columns: a Social Security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution, 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

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



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 [X] 3 Oct 1 - Dec 31 [] 4 Year 19

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

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

For office use only Postmark

Received date

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.

Table with 3 columns: a. First month (125), b. Second month (124), c. Third month (105)

UI SK AI SI WT SK

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.) 636928.00
3. Wages subject to contribution (subtract line 2 from line 1) 93072.00
4. UI contributions due Enter your UI rate 2.35% 2187.00
5. Re-employment service fund (multiply line 3 x .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
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.)

Table with 5 columns: 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

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



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 [X] 4 Year 19

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

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

For office use only Postmark

Received date

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.

Table with 3 columns: a. First month (125), b. Second month (124), c. Third month (105)

UI SK AI SI WT SK

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

- 1. Total remuneration paid this quarter 730000.00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 684309.00
3. Wages subject to contribution 45691.00
4. UI contributions due Enter your UI rate 2.35% 1074.00
5. Re-employment service fund 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 1108.00
10. Total UI overpaid
11. Apply to outstanding liabilities and/or refund

- 12. New York State tax withheld 46000
13. New York City tax withheld 27000
14. Yonkers tax withheld
15. Total tax withheld 73000
16. WT credit from previous quarter's return
17. Form NYS-1 payments made for quarter 73000
18. Total payments 73000
19. Total WT amount due
20. Total WT overpaid
20a. Apply to outstanding liabilities and/or refund
20b. Credit to next quarter withholding tax
21. Total payment due 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.)

Table with 5 columns: a Social Security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution, 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 Signer's name Title

Date Telephone number



Asset Enhancement Solutions, LLC
Creative Solutions to Financial Challenges

Baker Foods Inc.
EIN: 12-3456789
2nd Draw

Calculation of Employer Paid Group Health Insurance

Calculation of Employer Paid Group Health Insurance

To maximize PPP loan amount, 2019 or 2020 information can be used

Please provide the appropriate documentation to support the payments of the amounts below (Amounts per Tax

Return, Paid Invoices to Insurance carrier or insurance broker)

This documentation to be printed to a PDF and combined to a PDF printout of this page

Includes: Group Health Insurance (including insurance premiums) group life, disability, vision and dental insurance

Totals	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6	Plan #7
Plan Name	Oxford	Other Health Policy If Applicable	Dental	Vision	Group Life	Disability	Other
January	23,537	21,811	466	1,260			
February	23,537	21,811	466	1,260			
March	23,537	21,811	466	1,260			
April	23,537	21,811	466	1,260			
May	23,537	21,811	466	1,260			
June	24,150	22,424	466	1,260			
July	24,150	22,424	466	1,260			
August	26,359	24,633	466	1,260			
September	26,359	24,633	466	1,260			
October	26,359	24,633	466	1,260			
November	27,539	25,813	466	1,260			
December	27,539	25,813	466	1,260			
Gross Company Paid	300,140	279,428	5,592	15,120			

Less: Employee Contributions

(125,070) Enter a negative number in this cell

Employee Contribution to Health Care Costs

You can locate this amount in your 12/31/19 or 12/31/20 Payroll Information or if you are using a different measurement period in the Year-to-Date Payroll Report for that period

Total Net Employer Health Care Cost

175,070

Average Monthly Net Employer Health Care Cost

14,589

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	01/1/2019 - 01/31/2019	51124344	January 1, 2019

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	25 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51124344	January 1, 2019

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697

AMOUNT DUE

\$ 21,811.00



AMOUNT PAID _____

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 02/01/2019 - 02/28/2019	Invoice Number 51129344	Due Date of Payment February 1, 2019
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Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF000	Billing Group BF01	Invoice Number 51129344	Payment Due Date February 1, 2019
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Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 21,811.00

AMOUNT PAID _____

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	03/1/2019 - 03/31/2019	51124344	March 1, 2019

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	25 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51124344	March 1, 2019

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697

AMOUNT DUE

\$ 21,811.00



AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 04/1/2019 - 04/30/2019	Invoice Number 51129344	Due Date of Payment April 1, 2019
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Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF000	Billing Group BF01	Invoice Number 51129344	Payment Due Date April 1, 2019
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Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 21,811.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	05/1/2019 - 05/31/2019	51129344	May 1, 2019

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	May 1, 2019

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697

AMOUNT DUE

\$ 21,811.00



AMOUNT PAID _____

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF0000	Billing Group BF01	Coverage Period 06/1/2019 - 06/30/2019	Invoice Number 51129344	Due Date of Payment June 1, 2019
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Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	22,424.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	22,424.00
Credit Memos	0.00	Current Premium	\$ 22,424.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 22,424.00
Total Amount Due	\$22,424.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date June 1, 2019
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Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 22,424.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF0000	Billing Group BF01	Coverage Period 07/1/2019 - 07/31/2019	Invoice Number 51129344	Due Date of Payment July 1, 2019
-------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$22,424.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	22,424.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	22,424.00
Credit Memos	0.00	Current Premium	\$ 22,424.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 22,424.00
Total Amount Due	\$22,424.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date July 1, 2019
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Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 22,424.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 08/1/2019 - 08/31/2019	Invoice Number 51129344	Due Date of Payment August 1, 2019
------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$22,424.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	24,633.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	24,633.00
Credit Memos	0.00	Current Premium	\$ 24,633.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 24,633.00
Total Amount Due	\$24,633.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF000	Billing Group BF01	Invoice Number 51129344	Payment Due Date August 1, 2019
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Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 24,633.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 09/1/2019 - 09/30/2019	Invoice Number 51129344	Due Date of Payment September 1, 2019
------------------------------	------------------------------	--	-----------------------------------	---

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$24,633.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	24,633.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	24,633.00
Credit Memos	0.00	Current Premium	\$ 24,633.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 24,633.00
Total Amount Due	\$24,633.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF000	Billing Group BF01	Invoice Number 51129344	Payment Due Date September 1, 2019
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Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 24,633.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	10/1/2019 - 10/31/2019	51129344	October 1, 2019

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$24,633.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	24,633.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	24,633.00
Credit Memos	0.00	Current Premium	\$ 24,633.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 24,633.00
Total Amount Due	\$24,633.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	October 1, 2019

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697

AMOUNT DUE

\$ 24,633.00



AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 11/1/2019 - 11/30/2019	Invoice Number 51129344	Due Date of Payment November 1, 2019
------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$24,633.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	25,813.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	25,813.00
Credit Memos	0.00	Current Premium	\$ 25,813.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 25,813.00
Total Amount Due	\$25,813.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date November 1, 2019
-------------------------------	------------------------------	-----------------------------------	---

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 25,813.00

AMOUNT PAID

LEGEND FOR INVOICE DETAILS

CONTRACT TYPE		CODE		CODE (continued)	
S	Single	BGXFER	Billing Group Transfer	SBCA	Add Benefit Coverage to Subscriber
D	Double	CTERM	Contract Term	SBCT	Terminate Subscriber Benefit Coverage
C	Couple	CTIER	Contract Tier Change	SUBA	Activate a Subscriber
PC	Parent/Child	DBCA	Add Benefit Coverage for a Dependent	SUBT	Terminate a Subscriber
PCH	Parent/Children	DBCT	Terminate Benefit Coverage for a Dependent		
F	Family				
BENEFIT		DEPA	Activate a Dependent or a Spouse		
HEALTHCR	Healthcare Benefits	DEPT	Terminate a Dependent or a Spouse		
DENTAL	Dental Benefits	DOB	Date of Birth Change		
LIFE	Life Insurance	DTCG	Member Date Change		
AD&D	Accidental Death and Dismemberment Insurance	MLCT	Member Life Class Termination		
		PREM	Premium Change		
		SALARY	Salary Change		

All adjustments for Membership activity are made automatically by our system. Please do not make any manual adjustments to the total due. Any financial adjustment for Membership activity not displayed in this invoice summary will be reflected in a future invoice. If you would like your payment applied to a specific plan design, you must send the Remittance Advice for that plan design and indicate the amount to be paid in the Amount Remitted field of the Advice.

NOTICE

Failure to remit payment by the end of the grace period may result in termination of coverage by Oxford.*

According to the terms of your Group Policy and Group Enrollment Agreement with Oxford, premium payments are due on the first of the month. The purpose of this notice is to advise you that your group coverage may terminate on the last day of the coverage period indicated on page one of this bill (the "Coverage Period") if we do not receive the required premium payment by the end of the grace period specified in your Group Policy and Group Enrollment Agreement.

For New York groups, if we do not receive any payment by the end of the grace period, the termination date of coverage will be retroactive to the last paid date of coverage. If we receive a partial payment, the termination process described in the prior paragraph will apply.

For all groups, if termination occurs, your employees and their dependents will receive coverage for all claims incurred on or before the last day of the Coverage Period or, in the case of a New York employer who has made no payment before the end of the grace period, the last paid date of coverage. No coverage will be provided for claims incurred thereafter. Any employee or dependent who has access to no other health insurance may be able to convert to an individual policy with Oxford. More information about this conversion option can be obtained by contacting your Oxford group representative directly.

FOR NEW YORK EMPLOYERS ONLY

In addition to the above, pursuant to section 217 of the New York Labor Law, you are required to inform your employees of the intended termination of their health coverage. This law requires that you do so by either hand-delivering or mailing to each of your employees, and by posting at conspicuous locations chosen as most likely to give notice to your employees, at least nine days prior to the intended termination date, a copy of this notice along with your own cover letter advising as to the intended termination of coverage. However, if your premium payment is sent to Oxford on or before the 20th day of the Coverage Period, or if you have arranged for similar replacement coverage for your employees provided by a different carrier (and filed affidavits to that effect with the Commission of Labor and Superintendent of Insurance), the law does not require that you provide your employees with notification as described above.

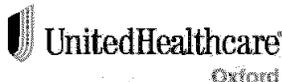
The Contract Type on the Invoice Details list refers to the Contract Type of the core health care benefit, unless no such benefit exists for the Subscriber. Please refer to the Legend For Invoice Details above for an explanation of Contract Type, Benefit, and Code abbreviations.

*Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

Invoice Details may be continued on the other side.

OUR GOAL IS HELPING PEOPLE LIVE HEALTHIER LIVES

How do we do this? Better information. Better decisions. Better health. We're committed to providing better information to support better decisions that help drive better health for our members. A leading physician network, 24-hour health care guidance with *Oxford On-Call*[®], a wealth of wellness resources, and online access at oxfordhealth.com, are just a few examples of our ongoing efforts to help our members live healthier lives.





For period covering: **January 1, 2019 - January 31, 2019**

\$466.00

PAYMENT DUE BY: 1 February 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
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PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: February 1, 2019 - February 28, 2019

\$466.00

PAYMENT DUE BY: 1 March 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Individual + Spouse, and Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: **March 1, 2019 - March 31, 2019**

\$466.00

PAYMENT DUE BY: **1 April 2019**

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
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PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: April 1, 2019 - April 30, 2019

\$466.00

PAYMENT DUE BY: 1 May 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Spouse, and Family plans.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: **May 1, 2019 - May 31, 2019**

\$466.00

PAYMENT DUE BY: **1 June 2019**

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
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PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: June 1, 2019 - June 31, 2019

\$466.00

PAYMENT DUE BY: 1 July 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual (6 units, 48.00), Monthly Dental Plan- Individual + Spouse (12 units, 168.00), and Monthly Dental Plan- Individual + Family (10 units, 250.00).

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code): 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: July 1, 2019 - July 31, 2019

\$466.00

PAYMENT DUE BY: 1 August 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Monthly Dental Plan- Individual + Spouse, and Monthly Dental Plan- Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: August 1, 2019 - August 31, 2019

\$466.00

PAYMENT DUE BY: 1 September 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Monthly Dental Plan- Individual + Spouse, and Monthly Dental Plan- Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: **September 1, 2019 - September 31, 2019**

\$466.00

PAYMENT DUE BY: 1 October 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
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PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: **October 1, 2019 - October 31, 2019**

\$466.00

PAYMENT DUE BY: **1 November 2019**

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
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PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: **November 1, 2019 - November 30, 2019**

\$466.00

PAYMENT DUE BY: 1 December 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
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PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: December 1, 2019 - December 30, 2019

\$466.00

PAYMENT DUE BY: 1 January 2020

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Individual + Spouse, and Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: February 1, 2019 - February 28, 2019

\$1,260.00

PAYMENT DUE BY: 1 March 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

Table with 5 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Row 1: 28, Monthly Vision Plans, 45.00, 1,260.00

Empty table row

Discount

Net Total \$1,260.00

Tax

USD TOTAL \$1,260.00

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com



For period covering: **March 1, 2019 - March 31, 2019**

\$1,260.00

PAYMENT DUE BY: **1 April 2019**

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: **April 1, 2019 - April 30, 2019**

\$1,260.00

PAYMENT DUE BY: **1 May 2019**

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount

Net Total \$1,260.00

Tax

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com



For period covering: **May 1, 2019 - May 31, 2019**

\$1,260.00

PAYMENT DUE BY: **1 June 2019**

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com

For period covering: **June 1, 2019 - June 31, 2019**

\$1,260.00

PAYMENT DUE BY: **1 July 2019**

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: July 1, 2019 - July 31, 2019

\$1,260.00

PAYMENT DUE BY: 1 August 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

Table with 5 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Row 1: 28, Monthly Vision Plans, 45.00, 1,260.00

Empty table row

Discount

Net Total \$1,260.00

Tax

USD TOTAL \$1,260.00

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com

For period covering: **August 1, 2019 - August 31, 2019**

\$1,260.00

PAYMENT DUE BY: **1 September 2019**

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: **September 1, 2019 - September 31, 2019**

\$1,260.00

PAYMENT DUE BY: **1 October 2019**

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount
 Net Total \$1,260.00
 Tax

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: **October 1, 2019 - October 31, 2019**

\$1,260.00

PAYMENT DUE BY: **1 November 2019**

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount

Net Total \$1,260.00

Tax

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code): 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com



For period covering: **November 1, 2019 - November 30, 2019**

\$1,260.00

PAYMENT DUE BY: **1 December 2019**

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code): 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: **December 1, 2019 - December 30, 2019**

\$1,260.00

PAYMENT DUE BY: **1 January 2020**

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

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Discount

Net Total **\$1,260.00**

Tax

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com

COMPANY SETUP

INVOICING COMPANY DETAILS	VALUE
Name	Mary Steen
Company Name	VSP Vision Care
Address Line 1	PO Box 1111
Address Line 2	Deer Park, NY 11735
Address Line 3	
Address Line 4	
Address Line 5	
Phone	631 555 1212
Facsimile	631 555 1213
Website	Baker Foods
Email	Accounting@bakerfoods.com
Currency Abbreviation	USD
Name of Beneficiary for Bank Wire	VSP Vision Care
Name of Bank	Woodgrove Bank
Address of Bank	234 Main St. Orange Grove, CA 09876
Account Number	1234567
Routing Number (SWIFT Code)	9876543210
Make Checks Payable To	VSP Vision Care
