

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

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

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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

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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

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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

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

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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 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 OnlyCheck 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

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. Jill J. Baker 500 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. 175000.00	17 State income tax 11230.00	18 Local wages, tips, etc. 175000.00	19 Local income tax	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 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 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. 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 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. 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 Last name Suff. Linus J. Baker 500 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. 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

Baker Foods Inc.

EIN: 12-3456789

2nd Draw

Calculation of Employer Paid Retirement Contributions

Calculation of Employer Paid Retirement Contributions

Upload this Document

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	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

Average Monthly Net Employer Retirement Contributions

13,507

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

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

For office use only
Postmark

Received date

UI SK	Al	SI	WT SK
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UI
SK

Telephone number

For office use only
Postmark

Received date

UI SK	AI	SI	WT SK
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UI
SK

Telephone number

For office use only
Postmark

Received date

AI	SI	WT SK
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UI SK	AI	SI	WT SK
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b. Second month

UI SK	AI	SI	WT SK
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c. Third month

105

Telephone number

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						
Total Net Employer Health Care Cost	175,070							
Average Monthly Net Employer Health Care Cost	14,589							

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

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	
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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
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts		21,811.00
Credit Memos	0.00	Current Premium		\$ 21,811.00
(See Memo Details on last page of this invoice.)				
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

0000000000002022244321201201900000000000016970000544805445

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	
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Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	02/01/2019 - 02/28/2019	51129344	February 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
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts		21,811.00
Credit Memos	0.00	Current Premium		\$ 21,811.00
(See Memo Details on last page of this invoice.)				
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	February 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

0000000000002022244321201201900000000000016970000544805445

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 03/1/2019 - 03/31/2019	Invoice Number 51124344	Due Date of Payment 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	
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts	21,811.00	
Credit Memos	0.00	Current Premium	\$ 21,811.00	
(See Memo Details on last page of this invoice.)				
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

0000000000002022244321201201900000000000016970000544805445

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	
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Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	04/1/2019 - 04/30/2019	51129344	April 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	
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts	21,811.00	
Credit Memos	0.00	Current Premium	\$ 21,811.00	
(See Memo Details on last page of this invoice.)				
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	April 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

0000000000002022244321201201900000000000016970000544805445

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	
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts	21,811.00	
Credit Memos	0.00	Current Premium	\$ 21,811.00	
(See Memo Details on last page of this invoice.)				
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

0000000000002022244321201201900000000000016970000544805445

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	
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Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	06/1/2019 - 06/30/2019	51129344	June 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		22,424.00
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts		22,424.00
Credit Memos	0.00	Current Premium		\$ 22,424.00
(See Memo Details on last page of this invoice.)				
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	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	June 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

\$ 22,424.00

AMOUNT PAID

0000000000002022244321201201900000000000016970000544805445

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	
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Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	07/1/2019 - 07/31/2019	51129344	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	
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts	22,424.00	
Credit Memos	0.00	Current Premium	\$ 22,424.00	
(See Memo Details on last page of this invoice.)				
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	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	July 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

\$ 22,424.00

AMOUNT PAID

0000000000002022244321201201900000000000016970000544805445

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 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
(See Memo Details on last page of this invoice.)			Total Healthcare Contracts	24,633.00
Credit Memos		0.00	Current Premium	\$ 24,633.00
(See Memo Details on last page of this invoice.)				
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	August 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

0000000000002022244321201201900000000000016970000544805445

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	
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Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	09/1/2019 - 09/30/2019	51129344	SSeptember 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
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts		24,633.00
Credit Memos	0.00	Current Premium		\$ 24,633.00
(See Memo Details on last page of this invoice.)				
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	September 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

0000000000002022244321201201900000000000016970000544805445

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	
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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
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts		24,633.00
Credit Memos	0.00	Current Premium		\$ 24,633.00
(See Memo Details on last page of this invoice.)				
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

0000000000002022244321201201900000000000016970000544805445

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	11/1/2019 - 11/30/2019	51129344	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
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts		25,813.00
Credit Memos	0.00	Current Premium		\$ 25,813.00
(See Memo Details on last page of this invoice.)				
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	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	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

0000000000002022244321201201900000000000016970000544805445

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	
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Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	12/1/2019 - 12/31/2019	51129344	December 1, 2019
Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00	
Payments Received	\$25,813.00	Totals by Contract Type - Current Premium		
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual		25,813.00
(See Memo Details on last page of this invoice.)		Total Healthcare Contracts		25,813.00
Credit Memos	0.00	Current Premium		\$ 25,813.00
(See Memo Details on last page of this invoice.)				
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	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	December 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

0000000000002022244321201201900000000000016970000544805445

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

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.

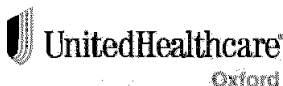
The Contract Type on the Invoice Details list refers to the Contract Type of the core health care benefit, unless no such benefit exists for the Subscriber. Please refer to the Legend For Invoice Details above for an explanation of Contract Type, Benefit, and Code abbreviations.

*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

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

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

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

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

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

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

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

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

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

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

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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

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

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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

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

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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: **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

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

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

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

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

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00
		Discount	
		Net Total	\$1,260.00
		Tax	
USD TOTAL			\$1,260.00

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
	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		OTHER INFORMATION
Name of Beneficiary:	Baker Foods Inc.	
Name of Bank:	Woodgrove Bank	Phone: 631 555 1212
Address of Bank:	Deer Park, NY 11735	Facsimile: 631 555 1213
Account Number:	1234567	bakerfoods.com
Routing Number (SWIFT Code)	9876543210	accounting@bakerfoods.com
Payment Reference:	0	

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

Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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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

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

Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary:	Baker Foods Inc.	
Name of Bank:	Woodgrove Bank	Phone: 631 555 1212
Address of Bank:	Deer Park, NY 11735	Facsimile: 631 555 1213
Account Number:	1234567	bakerfoods.com
Routing Number (SWIFT Code)	9876543210	accounting@bakerfoods.com
Payment Reference:	0	

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

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		OTHER INFORMATION
Name of Beneficiary:	Baker Foods Inc.	
Name of Bank:	Woodgrove Bank	Phone: 631 555 1212
Address of Bank:	Deer Park, NY 11735	Facsimile: 631 555 1213
Account Number:	1234567	bakerfoods.com
Routing Number (SWIFT Code)	9876543210	accounting@bakerfoods.com
Payment Reference:	0	

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

Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
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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

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
		Discount	
		Net Total	\$1,260.00
		Tax	
USD TOTAL			\$1,260.00

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
	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