# UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

In re RM Bakery LLC	Case No. 20-11422-MG
Debtor	<b>Reporting Period:</b> 07/01/20 - 07/31/20
	Federal Tax I.D. # 61-1707954

#### CORPORATE MONTHLY OPERATING REPORT

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.

(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	X	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CON'T)	X	
Copies of bank statements		X	
Cash disbursements journals			
Statement of Operations	MOR-2	X	
Balance Sheet	MOR-3	X	
Status of Post-petition Taxes	MOR-4	X	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period		X	
Summary of Unpaid Post-petition Debts	MOR-4	X	
Listing of Aged Accounts Payable			
Accounts Receivable Reconciliation and Aging	MOR-5	X	
Taxes Reconciliation and Aging	MOR-5	X	
Payments to Insiders and Professional	MOR-6	X	
Post Petition Status of Secured Notes, Leases Payable	MOR-6	X	
Debtor Questionnaire	MOR-7	X	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor	Date
Signature of Authorized Individual** /s/ Mark Rimer	Date 08/14/2020
Printed Name of Authorized Individual	Date

By its Managing Member, BKD Group LLC

By its Managing Member, Kuzari Investor 27323 LLC By Mark Rimer (Authorized Signatory)

<sup>\*</sup>Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

<sup>\*\*</sup>RM Bakery LLC

### 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 2 of 36

In re RM Bakery LLC	Case No.	20-11422-MG
Debtor	Reporting Period:	07/01/20 - 07/31/20

#### SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be from the debtor's books and not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH! ACTUAL" column must equal the sum of the four bank account columns. Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the statements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CON'T)]

BANK ACCOUNTS									
ACCOUNT NUMBER (LAST 4)	DIP Chase Op (#7179)	DIP Chase PR (#7187)	DIP Chase Utilities Reserve (#7238)	HSBC Op (#4460) CLOSED 7/9/20	HSBC Payroll (#2466) CLOSED 7/9/20	Chase Op (#3106) CLOSED 7/7/20	Chase Payroll (#3839) CLOSED 7/7/20	Chase Reserve (#6732) CLOSED 7/7/20	CURRENT MONTH ACTUAL (TOTAL OF ALL ACCOUNTS)
CASH BEGINNING OF MONTH	\$106,792.22	\$0.00	\$0.00	\$5,526.36	\$6,725.33	\$0.00	\$0.00	\$0.00	\$119,043.91
RECEIPTS									
CASH SALES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ACCOUNTS RECEIVABLE - PREPETITION	\$691,091.45	\$0.00	\$0.00	\$62,923.77	\$0.00	\$0.00	\$0.00	\$0.00	\$754,015.22
ACCOUNTS RECEIVABLE - POSTPETITION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LOANS AND ADVANCES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SALE OF ASSETS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER (ATTACH LIST)	\$0.00	\$0.00	\$0.08	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.08
TRANSFERS (FROM DIP ACCTS)	\$11,686.94	\$164,308.96	\$20,000.00	\$5,206.77	\$6,000.00	\$0.00	\$0.00	\$0.00	\$207,202.67
TOTAL RECEIPTS	\$702,778.39	\$164,308.96	\$20,000.08	\$68,130.54	\$6,250.00	\$0.00	\$0.00	\$0.00	\$961,467.97
DISBURSEMENTS									
NET PAYROLL	\$0.00	-\$94,373.62	\$0.00	\$0.00	-\$1,858.80	\$0.00	\$0.00	\$0.00	-\$96,232.42
PAYROLL TAXES	\$0.00	-\$65,186.12	\$0.00	\$0.00	-\$5,909.80	\$0.00	\$0.00	\$0.00	-\$71,095.92
SALES, USE, & OTHER TAXES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
INVENTORY PURCHASES	-\$150,665.12	\$0.00	\$0.00	-\$36,111.43	\$0.00	\$0.00	\$0.00	\$0.00	-\$186,776.55
SECURED/ RENTAL/ LEASES	-\$29,818.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$29,818.17
INSURANCE	-\$20,219.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$20,219.05
ADMINISTRATIVE	-\$34,936.04	\$0.00	\$0.00	-\$5,488.66	\$0.00	\$0.00	\$0.00	\$0.00	-\$40,424.70
SELLING	-\$3,323.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$3,323.38
OTHER (ATTACH LIST)	-\$130,590.08	\$0.00	\$0.00	-\$14,369.87	\$0.00	\$0.00	\$0.00	\$0.00	-\$144,959.95
OWNER DRAW *	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TRANSFERS (TO DIP ACCTS)	-\$184,308.96	\$0.00	\$0.00	-\$17,686.94	-\$5,206.77	\$0.00	\$0.00	\$0.00	-\$207,202.67
PROFESSIONAL FEES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U.S. TRUSTEE QUARTERLY FEES	-\$1,625.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$1,625.00
COURT COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL DISBURSEMENTS	-\$555,485.80	-\$159,559.74	\$0.00	-\$73,656.90	-\$12,975.37	\$0.00	\$0.00	\$0.00	-\$801,677.81
NET CASH FLOW	\$147,292.59	\$4,749.22	\$20,000.08	-\$5,526.36	-\$6,725.37	\$0.00	\$0.00	\$0.00	\$159,790.16
(RECEIPTS LESS DISBURSEMENTS)									
CASH – END OF MONTH	\$254,084.81	\$4,749.22	\$20,000.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$278,834.11

\* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPICY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

TOTAL DISBURSEMENTS	\$801,677.81
LESS: TRANSFERS TO OTHER DEBTOR IN	-\$207.202.67
POSSESSION ACCOUNTS	-\$207,202.67
PLUS: ESTATE DISBURSEMENTS MADE BY	\$0.00
OUTSIDE SOURCES (i.e. from escrow accounts)	\$0.00
TOTAL DISBURSEMENTS FOR CALCULATING U.S.	\$594,475.14
TRUSTEE QUARTERI V FEES	

# 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 3 of 36

 In re
 RM Bakery LLC
 Case No.
 20-11422-MG

 Debtor
 Reporting Period:
 07/01/20 - 07/31/20

#### BANK RECONCILIATIONS

#### Continuation Sheet for MOR-1

A bank reconciliation must be included for each bank account. The debtor's bank reconciliation may be substituted for this page. (Bank account numbers may be redacted to last four numbers.)

	DIP Chase Op (#7179)	DIP Chase PR (#7187)	DIP Chase Utilities Reserve (#7238)	HSBC Op (#4460) CLOSED 7/9/20	HSBC Payroll (#2466) CLOSED 7/9/20	Chase Op (#3106) CLOSED 7/7/20	Chase Payroll (#3839) CLOSED 7/7/20	Chase Reserve (#6732) CLOSED 7/7/20
BALANCE PER BOOKS	\$254,084.81	\$4,749.22	\$20,000.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BANK BALANCE	\$290,710.34	\$30,812.79	\$20,000.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(+) DEPOSITS IN TRANSIT (ATTACH LIST)	\$1,718.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(-) OUTSTANDING CHECKS (ATTACH LIST):	-\$38,344.13	-\$26,063.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER (ATTACH EXPLANATION)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ADJUSTED BANK BALANCE *	\$254,084.81	\$4,749.22	\$20,000.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<sup>\*&</sup>quot;Adjusted Bank Balance" must equal "Balance per Books"

DEPOSITS IN TRANSIT	Amount	Amount	Amount
Deposit (7/30/20)	\$1,718.60		
TOTAL	\$1,718.60	\$0.00	\$0.00

CHECKS	Amount	Amount	Amount
OUTSTANDING			
1020	\$11,296.50		
1023	\$10,559.44		
1022	\$748.00		
1031	\$1,859.41		
1034	\$1,625.00		
1030	\$1,463.97		
1033	\$1,123.55		
1027	\$186.49		
1038	\$4,776.00		
1037	\$2,864.20		
ACH	\$1,841.57		
1003		\$236.70	
1050		\$519.20	
1108		\$1,228.93	
1102		\$344.01	
E-pay		\$3,065.79	
E-pay		\$2,008.06	
E-pay		\$1,982.94	
E-pay		\$1,633.47	
E-pay		\$1,578.49	
E-pay		\$1,298.72	
Tel-pay		\$4,952.72	
E-pay		\$1,481.72	
1145		\$942.36	
1130		\$824.58	
1126		\$643.96	
1147		\$512.93	
1155		\$510.80	
1149		\$509.87	
1150		\$500.87	
1141		\$474.59	
1138		\$468.85	
1134		\$344.01	
TOTAL	\$38,344.13	\$26,063.57	\$0.00

 In re PM Bakery LLC
 Case No. 20-11422-MG

 Debtor
 Reporting Period: 07/01/20 - 07/31/20

#### **STATEMENT OF OPERATIONS** (Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	MONTH	CUMULATIVE - FILING TO DATE
Gross Revenues	\$647,224.59	\$977,307.12
Less: Returns and Allowances	- \$36,002.76	- \$55,957.78
Net Revenue	\$611,221.83	\$921,349.34
COST OF GOODS SOLD	ψ011,221,05	ψ21,0 19.0 I
Beginning Inventory	\$47,036.04	\$47,036.04
Add: Purchases	\$201,154.39	\$299,424.44
Add: Cost of Labor	\$103,052.41	\$143,080.94
Add: Other Costs (attach schedule)	\$0.00	\$0.00
Less: Ending Inventory	- \$47,036.04	- \$47,036.04
Cost of Goods Sold	\$304,206.80	\$442,505.38
Gross Profit	\$307,015.03	\$478,843.96
OPERATING EXPENSES	400,,010,00	\$11.5,5 iE 12.5
Advertising	\$237.49	\$237.49
Auto and Truck Expense	\$949.50	\$3,343.50
Bad Debts	\$0.00	\$0.00
Contributions	\$0.00	\$0.00
Employee Benefits Programs	\$3,584.83	\$3,584.83
Officer/Insider Compensation*	\$13,750.00	\$20,625.00
Insurance	\$17,236.06	\$17,236.06
Management Fees/Bonuses	\$0.00	\$0.00
Office Expense	\$12,345.39	\$13,777.83
Pension & Profit-Sharing Plans	\$0.00	\$0.00
Repairs and Maintenance	\$8,540.19	\$12,375.19
Rent and Lease Expense	\$29,818.17	\$34,818.17
Salaries/Commissions/Fees	\$91,727.46	\$127,685.44
Supplies	\$1,005.00	\$2,196.00
Taxes - Payroll (included in payroll lines)	\$0.00	\$0.00
Taxes - Real Estate	\$0.00	\$22,772.14
Taxes - Other	\$0.00	\$0.00
Travel and Entertainment	\$3,323.38	\$3,323.38
Utilities	\$18,124.76	\$18,124.76
Other (attach schedule)	\$40,432.34	\$70,394.65
Total Operating Expenses Before Depreciation	\$241,074.57	\$350,494.44
Depreciation/Depletion/Amortization	\$0.00	\$0.00
Net Profit (Loss) Before Other Income & Expenses	\$65,940.46	\$128,349.52
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	\$0.08	\$0.08
Interest Expense	\$0.00	\$0.00
Other Expense (attach schedule)	\$0.00	\$0.00
Net Profit (Loss) Before Reorganization Items	\$65,940.54	\$128,349.60

In re RM Bakery LLC	Case No.	20-11422-MG
Debtor	Reporting Period:	07/01/20 - 07/31/20

REORGANIZATION ITEMS					
Professional Fees	\$10,280.00	\$25,280.00			
U. S. Trustee Quarterly Fees	\$1,625.00	\$1,625.00			
Interest Earned on Accumulated Cash from Chapter 11 (see	\$0.00	\$0.00			
continuation sheet)					
Gain (Loss) from Sale of Equipment	\$0.00	\$0.00			
Other Reorganization Expenses (attach schedule)	\$28,817.22	\$28,817.22			
Total Reorganization Expenses	\$40,722.22	\$55,722.22			
Income Taxes	\$0.00	\$0.00			
Net Profit (Loss)	\$25,218.32	\$72,627.38			

<sup>\*&</sup>quot;Insider" is defined in 11 U.S.C. Section 101(31).

#### BREAKDOWN OF "OTHER" CATEGORY

#### OTHER COSTS

#### OTHER OPERATIONAL EXPENSES

Bank Service Charge	\$3,468.88	\$3,483.88
Computer Expense	\$5,482.59	\$5,482.59
Distribution Service Cost - Featherstone Distribution LLC	\$10,837.70	\$35,343.81
Equipment Lease	\$5,469.88	\$5,469.88
Extermination Cost	\$2,446.78	\$4,079.90
Shuttle Cost	\$3,208.16	\$4,166.16
Sick Pay	\$1,134.00	\$1,254.00
Uniform Rental Cost	\$4,008.86	\$6,738.94
Waste Hauling Services	\$4,375.49	\$4,375.49
TOTAL	\$40,432.34	\$70,394.65

#### OTHER INCOME

OTHER INCOME		

#### OTHER EXPENSES

OTHER EM ENGES	

#### OTHER REORGANIZATION EXPENSES

Insurance - 2019 Workers Compensation Audit	\$19,319.22	\$19,319.22
Business Valuation	\$6,250.00	\$6,250.00
Adequate Protection - Pacific Western Bank	\$3,248.00	\$3,248.00
TOTAL	\$28,817.22	\$28,817.22

#### Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

# 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 6 of 36

In re RM Bakery LLC	Case No.	20-11422-MG	
Debtor	Reporting Period:	07/01/20 - 07/31/20	

#### BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from post-petition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE	
CURRENT ASSETS				
Unrestricted Cash and Equivalents	\$258,834.11	\$119,043.91	\$27,052.61	
Restricted Cash and Cash Equivalents (see continuation sheet)	\$20,000.00	\$0.00	\$0.00	
Accounts Receivable (Net)	\$889,285.06	\$1,066,235.76	\$1,040,319.69	
Notes Receivable	\$0.00	\$0.00	\$0.00	
Inventories	\$47,036.04	\$47,036.04	\$47,036.04	
Prepaid Expenses	\$0.00	\$0.00	\$0.00	
Professional Retainers	\$0.00	\$0.00	\$0.00	
Other Current Assets (attach schedule)	\$159,498.86	\$105,092.46	\$105,000.00	
TOTAL CURRENT ASSETS	\$1,374,654.07	\$1,337,408.17	\$1,219,408.34	
PROPERTY & EQUIPMENT				
Real Property and Improvements	\$0.00	\$0.00	\$0.00	
Machinery and Equipment	\$1,547,438.09	\$1,547,138.09	\$1,540,458.09	
Furniture, Fixtures and Office Equipment	\$195,567.70	\$195,567.70	\$195,567.70	
Leasehold Improvements	\$328,388.00	\$328,388.00	\$328,388.00	
Vehicles	\$0.00	\$0.00	\$0.00	
Less: Accumulated Depreciation	- \$1,206,657.98	- \$1,206,657.98	- \$1,206,657.98	
TOTAL PROPERTY & EQUIPMENT	\$864,735.81	\$864,435.81	\$857,755.81	
OTHER ASSETS				
Amounts due from Insiders*	\$0.00	\$0.00	\$0.00	
Other Assets (attach schedule)	\$0.00	\$0.00	\$0.00	
TOTAL OTHER ASSETS	\$0.00	\$0.00	\$0.00	
TOTAL ASSETS	\$2,239,389.88	\$2,201,843.98	\$2,077,164.15	

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Post	petition)		
Accounts Payable	\$91,807.99	\$54,719.00	\$0.00
Taxes Payable (refer to FORM MOR-4)	\$3,948.77	\$6,465.05	\$0.00
Wages Payable	\$0.00	\$0.00	\$0.00
Notes Payable	\$0.00	\$0.00	\$0.00
Rent / Leases - Building/Equipment	\$0.00	\$0.00	\$0.00
Secured Debt / Adequate Protection Payments	\$2,500.00	\$748.00	\$0.00
Professional Fees	\$25,000.00	\$15,000.00	\$0.00
Amounts Due to Insiders* (all to RM BONY LLC)	\$19,247.00	\$24,752.75	\$0.00
Other Post-petition Liabilities (attach schedule)	\$0.00	\$0.00	\$0.00
TOTAL POST-PETITION LIABILITIES	\$142,503.76	\$101,684.80	\$0.00
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition	on)		
Secured Debt	\$4,571,781.08	\$4,571,781.08	\$4,571,781.08
Priority Debt	\$500,357.61	\$528,848.99	\$553,263.02
Unsecured Debt**	\$8,659,302.71	\$8,659,302.71	\$8,659,302.71
TOTAL PRE-PETITION LIABILITIES	\$13,731,441.40	\$13,759,932.78	\$13,784,346.81
TOTAL LIABILITIES	\$13,873,945.16	\$13,861,617.58	\$13,784,346.81

In re RM Bakery LLC	Case No.	20-11422-MG	
Debtor	Reporting Period:	07/01/20 - 07/31/20	

OWNERS' EQUITY			
Capital Contribution	\$3,934,000.00	\$3,934,000.00	\$3,934,000.00
Retained Earnings - Pre-Petition	- \$15,641,182.66	- \$15,641,182.66	- \$15,641,182.66
Retained Earnings - Post-petition	\$72,627.38	\$47,409.06	\$0.00
Adjustments to Owner Equity (attach schedule)	\$0.00	\$0.00	\$0.00
Post-petition Contributions (attach schedule)	\$0.00	\$0.00	\$0.00
NET OWNERS' EQUITY	- \$11,634,555.28	- \$11,659,773.60	- \$11,707,182.66
TOTAL LIABILITIES AND OWNERS' EQUITY	\$2,239,389.88	\$2,201,843.98	\$2,077,164.15

<sup>\*&</sup>quot;Insider" is defined in 11 U.S.C. Section 101(31).

#### **BALANCE SHEET - continuation section**

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Current Assets			
Lease Deposit	\$75,000.00	\$75,000.00	\$75,000.00
ConEd Deposit	\$15,000.00	\$15,000.00	\$15,000.00
Other Deposits	\$15,092.46	\$15,092.46	\$15,000.00
Undeposited Funds	\$50,572.06	\$0.00	\$0.00
Bento Card	\$3,834.34	\$0.00	\$0.00
TOTAL	\$159,498.86	\$105,092.46	\$105,000.00

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Post-petition Liabilities		
Adjustments to Owner's Equity		
Post-Petition Contributions		

Restricted Cash: Cash that is restricted for a specific use and not available to fund operations.

<sup>\*\*</sup>Includes projected deficiency claims and therefore a portion of this is double counting with the secured debt.

Typically, restricted cash is segregated into a separate account, such as an escrow account.

In re RM Bakery LLC	Case No.	20-11422-MG
Debtor	Reporting Period:	07/01/20 - 07/31/20

#### STATUS OF POST-PETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.

Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes. Attach photocopies of any tax returns filed during the reporting period.

		Amount Withheld				
		and/or			Check # or	
Federal	Beginning Tax	Accrued	Amount Paid	Date(s) Paid	EFT	Ending Tax
Withholding	\$1,153.00	\$6,806.00	-\$7,959.00	07/10; 07/17; 07/24; 07/29; 07/31	EFT	\$0.00
FICA-Employee	\$1,196.43	\$7,000.22	-\$8,196.65	07/10; 07/17; 07/24; 07/29; 07/31	EFT	\$0.00
FICA-Employer	\$1,196.43	\$7,000.22		07/10; 07/17; 07/24; 07/29; 07/31	EFT	\$0.00
Medicare - Employee	\$279.83	\$1,637.13	-\$1,916.96	07/10; 07/17; 07/24; 07/29; 07/31	EFT	\$0.00
Medicare - Employer	\$279.83	\$1,637.13	-\$1,916.96	07/10; 07/17; 07/24; 07/29; 07/31	EFT	\$0.00
Unemployment	\$1.68	\$11.76	\$0.00			\$13.44
Income	\$0.00	\$0.00	\$0.00			\$0.00
Other:	\$0.00	\$0.00	\$0.00			\$0.00
Total Federal Taxes	\$4,107.20	\$24,092.46	-\$28,186.22			\$13.44
State and Local						
Withholding - NY State	\$747.14	\$4,384.15	-\$5,131.29	07/10; 07/17; 07/24; 07/30	EFT	\$0.00
Withholding - NYC	\$478.67	\$2,808.57	-\$3,287.24	07/10; 07/17; 07/24; 07/30	EFT	\$0.00
Sales	\$0.00	\$0.00				\$0.00
Disability - Employee	\$31.80	\$91.20				\$123.00
Disability - Employer	\$760.75	\$2,178.20				\$2,938.95
Unemployment	\$107.08	\$256.31	-\$363.39	7/30/20	EFT	\$0.00
MCTMT (Transit Tax)	\$120.30	\$339.25				\$459.55
Re-employment Service Fund	\$4.53	\$6.70	-\$11.23	7/30/20	EFT	\$0.00
Real Property	\$0.00	\$0.00				\$0.00
Personal Property	\$0.00	\$0.00				\$0.00
Other: NY Paid Family Leave	\$107.58	\$306.25				\$413.83
Total State and Local	\$2,357.85	\$10,370.63	-\$8,793.15			\$3,935.33
Total Taxes	\$6,465.05	\$34,463.09	-\$36,979.37			\$3,948.77

In re_RM Bakery LLC	Case No.	20-11422-MG
Debtor	Reporting Period:	07/01/20 - 07/31/20

#### SUMMARY OF UNPAID POST-PETITION DEBTS

Attach aged listing of accounts payable.

#### **Number of Days Past Due**

	Current	0-30	31-60	61-90	Over 91	Total
Accounts Payable	\$51,332.89	\$40,475.10	\$0.00	\$0.00	\$0.00	\$91,807.99
Taxes Payable	\$3,948.77	\$0.00	\$0.00	\$0.00	\$0.00	\$3,948.77
Wages Payable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rent/Leases-Building	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rent/Leases-Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Secured Debt/Adequate Protection Payments	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00
Professional Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Amounts Due to Insiders (RM BONY LLC)	\$19,247.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,247.00
Total Post-petition Debts	\$77,028.66	\$40,475.10	\$0.00	\$0.00	\$0.00	\$117,503.76

Explain how and when the Debtor intends to pay any past due post-petition debts.

From regular cashflow - they have been paid subsequent to month end

# 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 10 of 36

In re_RM Bakery LLC	Case No. 20-11422-MG
Debtor	<b>Reporting Period:</b> 07/01/20 - 07/31/20

#### ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	\$1,066,235.76
Plus: Amounts billed during the period (net of discounts and credits)	\$611,221.83
Less: Amounts collected during the period	- \$754,015.22
Less: Amounts in transit	- \$1,718.60
Less: Increase in Undeposited Funds	- \$32,438.71
Total Accounts Receivable at the end of the reporting period	\$889,285.06

Accounts Receivable Aging	0-30 Days	31-60 Days	61-90 Days	91+ Days	Total
0 - 30 days old					
31 - 60 days old					
61 - 90 days old					
91+ days old					
Total Accounts Receivable	\$219,028.10	\$65,426.66	\$49,240.22	\$555,590.08	\$889,285.06
Less: Bad Debts (Amount considered uncollectible)					
Net Accounts Receivable					

#### TAXES RECONCILIATION AND AGING

Taxes Payable	0-30 Days	31-60 Days	61-90 Days	91+ Days	Total
0 - 30 days old					
31 - 60 days old					
61 - 90 days old					
91+ days old					
Total Taxes Payable					
Total Accounts Payable					

# 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 11 of 36

In re RM Bakery LLC	Case No. 20-11422-MG	
Debtor	<b>Reporting Period:</b> 07/01/20 - 07/31/20	

#### PAYMENTS TO INSIDERS AND PROFESSIONALS

Of the total disbursements shown on the Cash Receipts and Disbursements Report (MOR-1) list the amount paid to insiders (as defined in Section 101(31) (A)-(F) of the U.S. Bankruptcy Code) and to professionals. For payments to insiders, identify the type of compensation paid (e.g. Salary, Bonus, Commissions, Insurance, Housing Allowance, Travel, Car Allowance, Etc.). Attach additional sheets if necessary.

INSIDERS						
NAME	TYPE OF PAYMENT	AMOUNT PAID	TOTAL PAID TO DATE			
Dan Wilczynski	1099 Fee	\$13,750.00	\$20,625.00			
Mark Rimer	Expense Reimburse	\$2,864.20	\$2,864.20			
TOTAL PAYMENTS TO	INSIDERS	\$16,614.20	\$23,489.20			

		PROFESSIO	NALS		
NAME	DATE OF COURT ORDER AUTHORIZING PAYMENT	AMOUNT APPROVED	AMOUNT PAID	TOTAL PAID TO DATE	TOTAL INCURRED & UNPAID*
TOTAL PAYMENTS T	O PROFESSIONALS				

 $<sup>\</sup>ast$  INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

# POST-PETITION STATUS OF SECURED NOTES, LEASES PAYABLE AND ADEQUATE PROTECTION PAYMENTS

NAME OF CREDITOR	SCHEDULED MONTHLY PAYMENT DUE	AMOUNT PAID DURING MONTH	TOTAL UNPAID POST- PETITION
Pacific Western Bank	\$2,500.00	\$2,500.00	\$0.00
	TOTAL PAYMENTS	\$2,500.00	\$0.00

RM Bakery LLC	Case No.	20-11422-MG
Debtor	Reporting Period:	07/01/20 - 07/31/20

#### **DEBTOR QUESTIONNAIRE**

	Van	Ma
Must be completed each month. If the answer to any of the questions is	Yes	No
"Yes", provide a detailed explanation of each item. Attach additional sheets		
if necessary.		v
Have any assets been sold or transferred outside the normal course of business		X
this reporting period?	**	
Have any funds been disbursed from any account other than a debtor in	X	
possession account this reporting period?		
		X
Is the Debtor delinquent in the timely filing of any post-petition tax returns?		
Are workers compensation, general liability or other necessary insurance		X
coverages expired or cancelled, or has the debtor received notice of expiration		
or cancellation of such policies?		
Is the Debtor delinquent in paying any insurance premium payment?	X	
Have any payments been made on pre-petition liabilities this reporting	X	
period?		
Are any post petition receivables (accounts, notes or loans) due from related		X
parties?		
Are any post petition payroll taxes past due?		X
Are any post petition State or Federal income taxes past due?		X
Are any post petition real estate taxes past due?		X
Are any other post petition taxes past due?		X
Have any pre-petition taxes been paid during this reporting period?	X	
Are any amounts owed to post petition creditors delinquent?		X
Are any wage payments past due?		X
Have any post petition loans been been received by the Debtor from any		X
party?		
Is the Debtor delinquent in paying any U.S. Trustee fees?		X
Is the Debtor delinquent with any court ordered payments to attorneys or		X
other professionals?		
Have the owners or shareholders received any compensation outside of the		X
normal course of business?		

Have any funds been disbursed from any account other than a debtor in possession account this reporting period? Yes - it took some time to open the DIP accounts and the pre-petition bank accounts were only finally closed out on 7/9/2020. Prior to that date there were payments made from pre-petition bank accounts

	41	D 1 /	1 1.		•	•	•	40
IS 1	tne	Debtor	delina	mentin	naving	any insura	nce premium	navment?

Workers Comp audit is late - working with The Hartford on figuring out payment arrangement Workers Comp for 2020 has not been paid - working with The Hartford on this

Have any payments been made on pre-petition liabilities this reporting period?

Only pre-petition payroll taxes

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 13 of 36



JPMorgan Chase Bank, N.A. P O Box 182051 Co umbus, OH 43218-2051 Ju y 01, 2020 through Ju y 31, 2020

Account Number: 7

#### **Customer Service Information**

If you have any questions about your statement, please contact your Customer Service Professional.

00061971 WBS 802 211 21420 NNNNNNNNNN 1 000000000 C1 0000 RM BAKERY LLC DEBTOR IN POSSESSION 220 COSTER ST BRONX NY 10474-7121



## Commercial Checking

## Summary

Ending Ledger Balance		\$290,710.34	
Checks Paid	26	\$170,264.90	
Withdrawals and Debits	26	\$346,876.77	
Deposits and Credits	41	\$718,067.49	
Opening Ledger Balance	Number	Market Value/Amount \$89,784.52	Shares

#### **Deposits and Credits**

Ledger Date	Description	Amount
07/01	Deposit 1091530252	\$112,921.57
07/01	Deposit 1091530250	10,254.07
07/01	Deposit 1091530251	5,828.45
07/01	Deposit 1091530249	925.18
07/02	Deposit 1091530253	2,712.13
07/03	Deposit 1091530254	6,287.92
07/07	Deposit 1091530104	8,026.55
07/07	Deposit 1091530105	4,426.30
07/07	Orig CO Name:Brooklyn Brands Orig ID:1475395932 Desc Date: CO Entry Descr:07062020 Sec:PPD Trace#:091000015046218 Eed:200707 Ind ID:Leaven & CO Ind Name:Leaven & CO, Trn: 1895046218Tc	4,989.60
07/07	Orig CO Name:54 New Street	266.82

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

# 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 14 of 36



Ju y 01, 2020 through Ju y 31, 2020

Account Number: 7179

## **Deposits and Credits** (continued)

Ledger Date	Description	Amount
07/08	Chips Credit Via: Hsbc Bank USA, N.A./0108 B/O: Rm Bakery LLC Bronx NY/US Ref: Nbnf=Rm Bakery LLC Debtor IN Possession Bronx NY 10474-7121 US/Ac-0000 00006250 Org=/016024460 Bronx NY/US Bbi=/Chgs/USD0,00/Bnf/Das Ref:4669 5Sm00Chu Bib Ssn: 0338534 Trn: 7152100190Fc	11,686.94
07/08	YOUR REF: O/B HSBC USA Deposit 1091530108	03.060.34
07/08	Deposit 1091530108 Deposit 1091530256	93,960.24 6,181.05
07/09	Deposit 1091530255	1,996.28
07/09	Deposit 1091530258	13,194.14
07/10	Deposit 1091530257	5,241.07
07/10	Orig CO Name:54 New Street	483.78
07/13	Deposit 1055247857	3,695.30
07/14	Deposit 1091530259	88,926.53
07/14	Deposit 1091530241	37,673.28
07/14	Orig CO Name:Harmonie Club of Orig ID:9130823740 Desc Date: CO Entry Descr:Achpaymentsec:CCD Trace#:021201385512751 Eed:200714 Ind ID:7782643 Ind Name:Rm Bakery Harmonieclub Trn: 1955512751Tc	1,136.25
07/17	Deposit 1091530260	1,967.88
07/17	Deposit 1091530261	1,104.13
07/20	Deposit 1091530109	8,039.58
07/20	Deposit 1091530262	7,749.20
07/20	Deposit 1091530263	452.65
07/21	Deposit 1091530264	117,836.31
07/21	Deposit 1091530170	6,079.72
07/22	Deposit 1091530265	186.00
07/23	Deposit 1091530267	1,419.81
07/23	Orig CO Name:Brooklyn Brands Orig ID:1475395932 Desc Date: CO Entry Descr:07222020 Sec:PPD Trace#:091000010865471 Eed:200723 Ind ID:Leaven New Ind Name:Rm Bakery LLC Trn: 2050865471Tc	3,175.20
07/24	Deposit 1091530268	9,848.67
07/24	Deposit 1091530269	339.11
07/27	Deposit 1091530270	4,915.47
07/27	Deposit 1091530169	4,431.57
07/28	Deposit 1091530271	92,172.87
07/28	Deposit 1091530110	34,574.10
07/30	Deposit 1091530132	1,943.08
07/30	Deposit 1091530272	53.04
07/31	Orig CO Name:54 New Street	496.70
07/31	Orig CO Name:Shed Sayville Orig ID:1097032387 Desc Date:073020 CO Entry Descr:Vendors Sec:PPD Trace#:021411334104471 Eed:200731 Ind ID:0000000370 Ind Name:Leaven CO Trn: 2124104471Tc	468.95
Total		\$718,067.49

## **Withdrawals and Debits**

Ledger	Description	Amount
Date		
07/01	Online Transfer To Chk7187 Transaction#: 9866377802	\$23,565.89

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 15 of 36

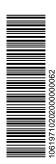


Ju y 01, 2020 through Ju y 31, 2020

Account Number: 717

## Withdrawals and Debits (continued)

Ledger Date	Description	Amount
07/01	Online Domestic Wire Transfer A/C: Gadge USA Inc New Hyde Park NY 11042-1006 US Ref: Inv 7.1 Trn: 7213120183Es YOUR REF: CML OF 20/07/01	5,322.68
07/02	Online Domestic Wire Transfer Via: Bk Amer Nyc/026009593 A/C: King Arthur Flour Company Inc White River Junction VT 05001 US Imad: 0702B1Qgc03C014332 Trn: 7518020184Es YOUR REF: CML OF 20/07/02	11,075.50
07/02	Online Domestic Wire Transfer Via: TD Bank, NA/026013673 A/C: 220 Coster LLC Bronx NY 10474 US Ref: 220 Coster- Tenant Rent Imad: 0702B1Qgc02C009237 Trn: 7536020184Es YOUR REF: CML OF 20/07/02	29,818.17
07/06	Online Domestic Wire Transfer A/C: All Bake Technologies Incorporated Tinton Falls NJ 07724- US Ref: 220 Coster- Leaven- Rollo Mio Trn: 7451320188Es YOUR REF: CML OF 20/07/06	4,184.13
07/09	Online Domestic Wire Transfer A/C: All Bake Technologies Incorporated Tinton Falls NJ 07724- US Ref: 220 Coster- Leaven- Rollo Mio Trn: 3933620191Es YOUR REF: CML OF 20/07/09	877.06
07/09	Online Domestic Wire Transfer A/C: Featherstone Distribution, LLC Dba Bronx NY 10474-6227 US Ref: Inv Rm070420D Trn: 6073120191Es YOUR REF: CML OF 20/07/09	13,267.03
07/10	Online Transfer To Chk7187 Transaction#: 9921861223	25,743.07
07/13	Online Transfer To Chk5322 Transaction#: 9937035210	10,000.00
07/13	Orig CO Name:Fis*Verizon Orig ID:7529071411 Desc Date:200711 CO Entry Descr:Bill Pay Sec:Tel Trace#:031101118784612 Eed:200713 Ind ID:6383167491 Ind Name: Verizon Main VRU Trn: 1958784612Tc	1,080.62
07/13	Orig CO Name:Billmatrix Orig ID:7529000011 Desc Date:200711 CO Entry Descr:Billpayfeesec:Tel Trace#:031101118784610 Eed:200713 Ind ID:6383167492 Ind Name:Billmatrix Trn: 1958784610Tc	3.50
07/14	Online Transfer To Chk5578 Transaction#: 9940407954	12,310.97
07/14	Online Transfer To Chk5322 Transaction#: 9944459608	26,680.75
07/14	Orig CO Name:Quill Corporatio Orig ID:3629529041 Desc Date:071320 CO Entry Descr:Bt0713 Sec:CCD Trace#:091000015976097 Eed:200714 Ind ID:000000112127547 Ind Name:Rm Bakery Quill Trn: 1955976097Tc	571.53
07/15	Online Domestic Wire Transfer A/C: Gadge USA Inc New Hyde Park NY 11042-1006 US Ref: Inv 0354274 Trn: 3288320197Es YOUR REF: CML OF 20/07/15	10,087.33
07/15	Account Analysis Settlement Charge	3,718.88
07/17	Online Transfer To Chk7187 Transaction#: 9961025430	25,000.00
07/17 07/20	Online Transfer To Sav7238 Transaction#: 9963063452 Orig CO Name:Pioneercomputern Orig ID:3383693141 Desc Date:200717 CO Entry Descr:Purchase Sec:CCD Trace#:091000019731347 Eed:200720 Ind ID:Leaven & CO Ind Name:Leaven & CO 203-783-4440 Trn: 1999731347Tc	20,000.00 3,086.88
07/21	Orig CO Name:The Hartford Orig ID:9942902727 Desc Date: CO Entry Descr:Ntclbiivrcsec:CCD Trace#:051000019466145 Eed:200721 Ind ID:14500105 Ind Name:Rm Bakery Nwtbs/Clbi Ivr ACH C Trn: 2029466145Tc	9,659.61
07/21	Orig CO Name:Con Ed of NY Orig ID:2462467002 Desc Date:200719 CO Entry Descr:Intell Ck Sec:PPD Trace#:021000029466143 Eed:200721 Ind ID:314029054450002 Ind Name:Frederic Lebourg Trn: 2029466143Tc	3,396.06
07/23	Online Transfer To Chk7187 Transaction#: 9991368112	25,000.00
07/27	Online Transfer To Chk5322 Transaction#: 10002426471	12,080.16



### 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 16 of 36



Ju y 01, 2020 through Ju y 31, 2020

**Account Number:** 

#### Withdrawals and Debits (continued)

Ledger Date	Description	Amount
07/29	Online Transfer To Chk7187 Transaction#: 10024891188	65,000.00
07/30	Online Domestic Wire Transfer Via: The Bancorp Bank/031101169 A/C: Bento San Francisco CA 94105 US Ref: Bento - 8890015130356/Bnf/Bento - 8890015130356 Imad: 0730B1Qgc08C001972 Trn: 3076320212Es YOUR REF: CML OF 20/07/30	5,000.00
07/30	Orig CO Name:Quill Corporatio Orig ID:3629529041 Desc Date:072920 CO Entry Descr:Bt0729 Sec:CCD Trace#:091000015343334 Eed:200730 Ind ID:000000113355589 Ind Name:Rm Bakery Quill Trn: 2115343334Tc	346.95

**Total** \$346,876.77

#### **Checks Paid**

Check	Date Paid	Amount	Check	Date Paid	Amount	Check	Date Paid	Amount
 1001	07/13	\$8,574.90	1012*	07/15	\$583.00	1024*	07/24	\$841.61
1002	07/15	\$6,875.00	1013	07/22	\$6,250.00	1025	07/31	\$12,660.04
1003	07/13	\$12,585.89	1014	07/20	\$9,572.00	1026	07/27	\$12,090.55
1004	07/24	\$1,527.02	1015	07/30	\$512.71	1028*	07/27	\$19,131.13
1005	07/15	\$9,844.25	1016	07/21	\$6,875.00	1029	07/28	\$9,975.69
1007*	07/15	\$207.30	1017	07/21	\$6,830.98	1032*	07/29	\$186.52
1008	07/17	\$408.28	1018	07/20	\$15,960.40	1035*	07/28	\$4,583.09
1009	07/20	\$1,119.84	1019	07/21	\$9,954.61	1036	07/29	\$12,781.94
1010	07/22	\$116.37	1021*	07/22	\$216.78			

Total 26 check(s)

\$170,264.90 \* nd cates gap n sequence

## **Daily Balance**

Ledger		Ledger
Balance	Date	Balance
\$190,825.22	07/17	\$251,284.25
\$152,643.68	07/20	\$237,786.56
\$158,931.60	07/21	\$324,986.33
\$154,747.47	07/22	\$318,589.18
\$172,456.74	07/23	\$298,184.19
\$278,103.92	07/24	\$306,003.34
\$272,137.16	07/27	\$272,048.54
\$265,313.08	07/28	\$384,236.73
\$236,763,47	07/29	\$306,268.27
\$324,936,28	07/30	\$302,404.73
\$293,620.52	07/31	\$290,710.34
	\$190,825.22 \$152,643.68 \$158,931.60 \$154,747.47 \$172,456.74 \$278,103.92 \$272,137.16 \$265,313.08 \$236,763.47 \$324,936.28	Balance         Date           \$190,825.22         07/17           \$152,643.68         07/20           \$158,931.60         07/21           \$154,747.47         07/22           \$172,456.74         07/23           \$278,103.92         07/24           \$272,137.16         07/27           \$265,313.08         07/28           \$236,763.47         07/29           \$324,936.28         07/30

Your service charges, fees and earnings credit have been calculated through account analysis.

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 17 of 36



JPMorgan Chase Bank, N.A. P O Box 182051 Columbus, OH 43218-2051 July 01, 2020 through July 31, 2020

Account Number: 718

#### **Customer Service Information**

If you have any questions about your statement, please contact your Customer Service Professional.

00061972 WBS 802 211 21420 NNNNNNNNNN 1 000000000 C1 0000 RM BAKERY LLC DEBTOR IN POSSESSION 220 COSTER ST BRONX NY 10474-7121



## Commercial Checking

## Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		\$0.00	
Deposits and Credits	5	\$164,308.96	
Withdrawals and Debits	8	\$47,184.21	
List Posted Items	115	\$72,289.83	
Checks Paid	28	\$14,022.13	
Ending Ledger Balance		\$30,812.79	_

#### **Deposits and Credits**

Ledger Date	Description	Amount
07/01	Online Transfer From Chk7179 Transaction#: 9866377802	\$23,565.89
		• •
07/10	Online Transfer From Chk7179 Transaction#: 9921861223	25,743.07
07/17	Online Transfer From Chk7179 Transaction#: 9961025430	25,000.00
07/23	Online Transfer From Chk7179 Transaction#: 9991368112	25,000.00
07/29	Online Transfer From Chk7179 Transaction#: 10024891188	65,000.00
Total		\$164,308.96

#### Withdrawals and Debits

Ledger Date	Description		Amount
07/03	List Posted Items Quantity	19	\$12,330.55
07/10	List Posted Items Quantity	18	12,097.07
07/13	Orig CO Name:Irs Entry Descr:Usataxpymtsec: Ind ID:270059514968225 1958784614Tc	Orig ID:3387702000 Desc Date:071320 CO CCD Trace#:061036018784614 Eed:200713 Ind Name:Rm Bakery LLC Trn:	5,020.54

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

# 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 18 of 36



July 01, 2020 through July 31, 2020

Account Number: 718

## Withdrawals and Debits (continued)

Ledger Date	Description	Amount
07/13	List Posted Items Quantity 10	5,894.12
07/14	Orig CO Name:Nys Dtf Wt	1,521.57
07/17	List Posted Items Quantity 15	10,248.77
07/20	Orig CO Name:Irs	4,640.59
07/20	List Posted Items Quantity 14	6,723.39
07/21	Orig CO Name:Nys Dtf Wt	1,354.63
07/24	List Posted Items Quantity 20	13,368.21
07/27	Orig CO Name:Irs	4,928.60
07/28	Orig CO Name:Nys Dtf Wt	1,472.72
07/30	Orig CO Name:Irs Orig ID:3387702000 Desc Date:073020 CO Entry Descr:Usataxpymtsec:CCD Trace#:061036010584055 Eed:200730 Ind ID:270061254452746 Ind Name:Rm Bakery LLC Trn: 2120584055Tc	25,000.00
07/30	Orig CO Name:Irs Orig ID:3387702000 Desc Date:073020 CO Entry Descr:Usataxpymtsec:CCD Trace#:061036010584056 Eed:200730 Ind ID:270061242103984 Ind Name:Rm Bakery LLC Trn: 2120584056Tc	3,245.56
07/31	List Posted Items Quantity 19	11,627.72

<sup>\*</sup>This total excludes the List Posted Items amount set forth in the summary above.

#### **Checks Paid**

Check	Date Paid	Amount	Check	Date Paid	Amount	Check	Date Paid	Amount
1001	07/07	\$588.67	1028*	07/06	\$510.80	1097	07/27	\$487.94
1003*	07/06	\$236.70	1043*	07/14	\$475.85	1106*	07/23	\$467.28
1009*	07/06	\$344.01	1046*	07/15	\$462.06	1109*	07/27	\$451.75
1010	07/06	\$448.12	1048*	07/15	\$527.51	1113*	07/27	\$938.26
1013*	07/09	\$501.16	1062*	07/22	\$492.39	1117*	07/28	\$498.09
1014	07/06	\$160.74	1082*	07/16	\$501.85	1118	07/27	\$480.38
1015	07/06	\$1,228.94	1085*	07/21	\$500.24	1120*	07/27	\$546.74
1016	07/06	\$475.65	1094*	07/27	\$442.01	1122*	07/27	\$506.97
1022*	07/07	\$496.56	1096*	07/27	\$236.70	1123	07/27	\$510.80
1023	07/06	\$503.96						

Total 28 check(s)

\$14,022.13

<sup>\*</sup> indicates gap in sequence

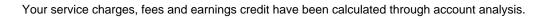


July 01, 2020 through July 31, 2020

Account Number: 7187

# Daily Balance

	Ledger		Ledger
Date	Balance	Date	Balance
07/01	\$23,565.89	07/20	\$8,369.78
07/03	\$11,235.34	07/21	\$6,514.91
07/06	\$7,326.42	07/22	\$6,022.52
07/07	\$6,241.19	07/23	\$30,555.24
07/09	\$5,740.03	07/24	\$17,187.03
07/10	\$19,386.03	07/27	\$7,656.88
07/13	\$8,471.37	07/28	\$5,686.07
07/14	\$6,473.95	07/29	\$70,686.07
07/15	\$5,484.38	07/30	\$42,440.51
07/16	\$4,982.53	07/31	\$30,812.79
07/17	\$19,733.76		+,-





This Page Intentionally Left Blank

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 21 of 36

CHASE 🗘

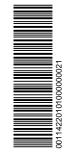
JPMorgan Chase Bank, N.A. P O Box 182051 Columbus, OH 43218-2051 July 17, 2020 through July 31, 2020

Account Number: 7238

#### **CUSTOMER SERVICE INFORMATION**

If you have any questions about your statement, please contact your Customer Service Professional.

00011422 DDA 802 141 21420 NNNNNNNNNN T 1 000000000 61 0000 RM BAKERY LLC DEBTOR IN POSSESSION 220 COSTER ST BRONX NY 10474-7121



### **SAVINGS SUMMARY**

Commercial Money Market Savings

	INSTANCES	AMOUNT
Beginning Balance		\$0.00
Deposits and Additions	2	20,000.08
Ending Balance	2	\$20,000.08
Interest Paid This Period Interest Paid Year-to-Date		\$0.08 \$0.08

## TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$0.00
07/17	Online Transfer From Chk7179 Transaction#: 9963063452	20,000.00	20,000.00
07/31	Interest Payment Ending Balance	0.08	20,000.08 <b>\$20,000.08</b>

A monthly Service Fee was <u>not</u> charged to your Commercial Money Market Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$2,000.00 or more. (Your minimum daily balance was \$20,000.00)

## **INTEREST RATE ON COLLECTED BALANCE**

INTEREST RATE(S)

07/17 **TO** 07/31 **AT** 0.01%

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document Pg 22 of 36



Ju y 17, 2020 through Ju y 31, 2020
Account Number: **7238** 

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Ca us at 1-866-564-2262 or wr te us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer sted on the statement or receipt.

For persona accounts on y: We must hear from you no ater than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- · Your name and account number
- . The do ar amount of the suspected error
- A description of the error or transfer you are unsure of, why you be eve it is an error, or why you need more information.

We will nest gate your comp ant and will correct any error prompty. If we take more than 10 bus ness days (or 20 bus ness days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank mmed ate y f your statement s ncorrect or f you need more nformat on about any non-e ectron c transact ons (checks or deposts) on this statement. If any such error appears, you must not fy the bank in writing no aterithan 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



CHASE 🗘 JPMorgan Chase Bank, N.A. P O Box 182051

Co umbus OH 43218-2051

For the Per od 7/17/20 to 7/31/20 Adv ce Date: Ju y 31, 2020

7238

#### **CUSTOMER SERVICE INFORMATION**

If you have any questions about this notice, please contact your Customer Service Professional.

26955 LIA 802 020 21320 - NNNNNNNNNNNN 0000

RM BAKERY LLC **DEBTOR IN POSSESSION** 220 COSTER ST BRONX NY 10474-7121

## **Commercial Money Market Savings**

Interest Payment Summary						
Annual Percentage Yield *	0.01%					
Rate	0.00%					
Day Basis	365					
Compounding Method	Monthly					
Average Daily Balance	\$20,000.00					



<sup>\*</sup> Annual Percentage Yield - the percentage rate earned if balances remain on deposit for a full year with compounding, no change in the interest rate and all interest is left in the account.



For the Per od 7/17/20 to 7/31/20 Adv ce Date: Ju y 31, 2020

count: **7238** 

## **Daily Interest Details**

DATE	RA	RATE CLOSING		CLOSING	DAILY INTEREST	CUMULATIVE
	1 DAY	Annual	TIERS	BALANCE	EARNED	INTEREST
7/17	0.00000027	0.01%		20,000.00	0.00	
7/18	0.00000027	0.01%		20,000.00	0.00	0.01
7/19	0.00000027	0.01%		20,000.00	0.00	0.01
7/20	0.00000027	0.01%		20,000.00	0.00	0.02
7/21	0.00000027	0.01%		20,000.00	0.00	0.02
7/22	0.00000027	0.01%		20,000.00	0.00	0.03
7/23	0.00000027	0.01%		20,000.00	0.00	0.03
7/24	0.00000027	0.01%		20,000.00	0.00	0.04
7/25	0.00000027	0.01%		20,000.00	0.00	0.04
7/26	0.00000027	0.01%		20,000.00	0.00	0.05
7/27	0.00000027	0.01%		20,000.00	0.00	0.05
7/28	0.00000027	0.01%		20,000.00	0.00	0.06
7/29	0.00000027	0.01%		20,000.00	0.00	0.07
7/30	0.00000027	0.01%		20,000.00	0.00	0.07
7/31	0.00000027	0.01%		20,000.00	0.00	0.08

TOTAL INTEREST CREDITED FOR THIS PERIOD: \$0.08

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09

Form 941 for 2020: Employer's QUARTERBY Federal Tax Return

Glev. April 2020)

Department of the Treasury — Internal Revenue Service

Main Document

OMB No. 1545-0029

Emplo	yer identification number (EIN)	954			1	ort for this Quarter of 2020 k one.)
Name	(not your trade name) RM BAKERY I	<sub>L</sub> C			1:	January, February, March
Tend	name (if any)				<b>⋈</b> 2:	April, May, June
пас	name (# any)		· · · · · · · · · · · · · · · · · · ·		3:	July, August, September
Addr	\		2.7		4:	October, November, December
	Number Street	1 1	Suite or roo	l		www.irs.gov/Form941 for tions and the latest information.
	Bronx	NY State	10474 ZIP d	<u> </u>		REV 06/18/20 QBDT
		7				KE4 00 10/20 QUD1
	Foreign country name	Foreign province/county	Foreign po	ostal code		
Read t	ne separate instructions before you com	olete Form 941. Type or p	orint within t	he boxes.		
Part '		•				
1	Number of employees who received period including: June 12 (Quarter 2),		-		· ·	26
	period incidentity. Pario 12 (addito: A)	oope 12 (duares o), or	Dec. 12 (G	auditer sy		
2	Wages, tips, and other compensation				2	284,883.99
3	Federal income tax withheld from wa	ges, tips, and other com	npensation		3	18,034.00
4	If no wages, tips, and other compens	ation are subject to soc	ial security	or Medicar	e tax	Check and go to line 6.
·		Column 1		Colur		
5a	Taxable social security wages	284,883.99	× 0.124 =	35,3	325.61	
5a	(i) Qualified sick leave wages		× 0.062 =			
5a	(ii) Qualified family leave wages .		× 0.062 =			
5b	Taxable social security tips		× 0.124 =			
5c	Taxable Medicare wages & tips	284,883.99	× 0.029 =	8,	261.64	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	:	× 0.009 =			
5e	Total social security and Medicare taxes	. Add Column 2 from lines	5a, 5a(i), 5a	(ii), 5b, 5c, an	d 5d <b>5e</b>	43,587.25
5f	Section 3121(q) Notice and Demand-	·Tax due on unreported	ti <b>ps</b> (see in	structions)	5f	
•	T. 4-14   -4454				6	61,621.25
6	Total taxes before adjustments. Add I				•	
7	Current quarter's adjustment for frac	ions of cents			7	0.03
8	Current quarter's adjustment for sick	рау			8	relation to the VT 10 T 1
9	Current quarter's adjustments for tips	and group-term life ins	surance .		9	
10	Total taxes after adjustments. Combin	ie lines 6 through 9 .			10	
11a	Qualified small business payroll tax cre	dit for increasing researc	:h activities	. Attach Form	8974 <b>11a</b>	
11b	Nonrefundable portion of credit for qua	alified sick and family lea	ave wages 1	rom Worksh	eet 1 11b	
44-	Nonrefundable portion of employee re	stantion cradit from Wa	rkeheat 1		11c	
11¢	Nomelunuable portion of employee re	Remuon Credit from WO	ingileel i		· · 11C	

	20-11422	2-mg Doc	67 File	ed 08/16/20 Pg 2	Entered 08 26 of 36			Main Document
•	not your trade name) BAKERY LL					Free		tification number (EIN) 7954
Part	1. Answer th	ese questions	for this qu	arter. (continued)	)			
11d	Total nonrefun	dable credits.	Add lines 11	a, 11b, and 11c			. 11d[	
12	Total taxes after	er adjustments	and nonre	fundable credits.	Subtract line 11	d from line 10	. 12	61,621.28
13a				j overpayment ap X (PR), 944-X, or 94				61,621.28
13b	Deferred amou	int of the empl	oyer share	of social security	tax		. 13b	
13c	Refundable po	rtion of credit	for qualified	l sick and family l	eave wages fro	om Worksheet 1	13c	
13d	Refundable po	rtion of emplo	yee retentio	n credit from Wo	rksheet 1		. 13d	
13e	Total deposits,	, deferrals, and	l refundable	credits. Add lines	s 13a, 13b, 13c,	and 13d	. 13e	61,621.28
13f	Total advances	s received fron	ı filing Forn	n(s) 7200 for the q	uarter		. 13f	
13g	Total deposits,	deferrals, and r	efundable cı	redits less advance	es. Subtract line	13f from line 13e	. 13g	61,621.28
14	Balance due. If	line 12 is more	than line 13	g, enter the differe	ence and see ins	structions	. 14	
15	Overpayment. If	line 13g is more	than line 12,	enter the difference		Check	k one: [	Apply to next return. Send a refund
Part	2: Tell us abo	out your depo	sit schedul	e and tax liability	for this quart	er.		
f you	re unsure about	whether you'r	e a monthly	schedule depos	itor or a semiw	eekly schedule	deposit	tor, see section 11 of Pub. 15.
16 (	Check one:	and you didn quarter was lifederal tax life semiweekly so You were a r	't incur a \$ ess than \$2 ability. If you chedule dep	100,000 next-day ,500 but line 12 o u're a monthly so ositor, attach Sche	deposit obliga n this return is hedule deposit edule B (Form 94	tion during the \$100,000 or mo or, complete the 11). Go to Part 3.	current re, you depos	quarter was less than \$2,500, t quarter. If line 12 for the prior must provide a record of your sit schedule below; if you're a ability for each month and total
		Tax liability:	Month 1			]		
			Month 2					
			Month 3					
	1	Total liability fo	or quarter			Total must ed	qual line	e 12.
	×			schedule deposit Semiweekly Sched				ete Schedule B (Form 941), I1. Go to Part 3.

▶ You MUST complete all three pages of Form 941 and SIGN it.

REV 06/18/20 QBDT

7.15.11

950920 Pg 27 of 36 Name (not your trade name) Employer identification number (EIN) RM BAKERY LLC 7954 Part 3: Tell us about your business, if a question does NOT apply to your business, leave it blank. 17 If your business has closed or you stopped paying wages . Check here, and : also attach a statement to your return. See instructions. enter the final date you paid wages 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . Check here. 19 Qualified health plan expenses allocable to qualified sick leave wages 20 Qualified health plan expenses allocable to qualified family leave wages 21 Qualified wages for the employee retention credit 21 22 Qualified health plan expenses allocable to wages reported on line 21. 22 23 Credit from Form 5884-C. line 11, for this quarter 23 24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) . 25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only Part 4: 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. Select a 5-digit personal identification number (PIN) to use when talking to the IRS. \_ No. REV 06/18/20 QBDT Part 5: Sign here. You MUST complete all three pages of Form 941 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print your name here Sign your Print your name here title here Date Best daytime phone Paid Preparer Use Only Check if you're self-employed PTIN Preparer's name Preparer's signature Date Firm's name (or yours if self-employed) EIN Address Phone City State ZIP code

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09

Main Document

20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Main Document
Pg 28 of 36 960311

Report of Tax Liability for Semiweekly Schedule Depositors  (Rev. January 2017)  Department of the Treasury — Internal Revenue Service  Employer identification number  [EIN]  RM BAKERY LLC  Calendar year  RM BAKERY LLC  (Also check quarter)	Sc	:hedule B (l	For	m 941):		Pg 28 of 36				70077
Employer identification number [ERN]  Name fort your trade narrow [RM] BAKERY LLC  Calendar year	Re	port of Tax Liab		for Semiweekly		<del>-</del>				OMB No. 1545-0029
Tax Rability for Month 2   1   1   2   2   2   2   2   2   2	(Rev	January 2017)		Department of the	Trea	sury — Internal Revenue Se	rvice	) 	Repo	rt for this Quarter
Name   Post your feade name    PM   BAKERY LIC			er [	7954						
Calendar year			RM	BAKERY LLC					1:	January, February, March
Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it Form 941 or Form 941-SS, don't change your tax liability on the numbered space that corresponds to the diete wages were paid. See Section 11 Phys. 15 for details.  Month 1  1	Nan	ie (not your trade name)			7				X 2:	April, May, June
Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941-SS, don't change your tax liability by edjustments reported on any Forms 941-X or 944-X. You must fill out this form with Form 941 or Form 941-SS, don't change your daily tax liability on the numbered space that corresponds to the dute wages were paid. See Section 11 public 15 for details.  Month 1  1	Cale	ndar year		2020		(Also c	heck	quarter)	3:	July, August, September
Form 941-St, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X Vot must fill out this form and attach it form 941-St									4:	October, November, December
Tax liability for Month 1  1	Fore Fore \$10	m 941-SS, don't chan m 941 or Form 941-S 0,000 or more. Write	ge yo S if v	ur tax liability by adjus ou're a semiweekly sci	tme hedi	nts reported on any Fo ule depositor or becan	rms 1e o	: 941-X or 944 ne because v	-X. You mi our accum	ast fill out this form and attach it to nulated tax liability on any day was
1	Mon	rth 1								
3 6,758.42 11 19 27 4 11 29 26 5 13 31 31 31 31 31 31 31 31 31 31 31 31	1		] <sub>9</sub>		17	5,236.76	25			Tax liability for Month 1
12	2		10	6,812.02	18		26			23,950.42
6	3	6,758.42	<b>=</b>		19		27			
6	4		Ī <sub>12</sub>		20		28			
6	-		╡			N-11	i			
7		<u> </u>	╡				ĺ			
Month 2  1			Ħ			1	ĺ	L		
Month 2  1	7		Ħ		ĺ	5 143 22	] 31 ]			
1		th 2	16		24	3,143.22	J			
2			9		17		25		•	Tax liability for Month 2
3	-		ĦŤ		Í		i			20,998.18
4			Ħ .		ĺ		i			
5			₹ .		j		ĺ			
6	-		Ħ '		ĺ		i	4.08	33.50	
7	5		Ħ		ĺ	4 142 04	i	1		
8 4,406.62 16 24 Month 3  1 9 17 25 7 Tax liability for Month 3  2 10 18 26 4,301.68 16,672.68  3 11 1 19 4,105.52 27  4 12 4,122.26 20 28 5  5 4,143.22 13 21 29 5  6 14 22 30 30 7 15 23 31	6		╡⁴4	4 070 00	-	4,142.04	i			
Month 3  1	7		=	4,070.88	23 1		] 31 ]	<u> </u>		
1 9 17 25 16 16 16 17 17 25 16 16 17 17 18 18 18 18 26 4,301.68 16,672.68 16,672.68 16,672.68 16 16 16 16 16 16 16 16 16 16 16 16 16			16		24		]			
2		nth 3	٦.		I		]			Tax liability for Month 3
3	1		Ξ		ĺ		ī	4 30	11 69	16,672,68
4     12     4,122.26     20     28       5     4,143.22     13     21     29       6     14     22     30       7     15     23     31	2		╡10		] 18 ]	4 105 53	วี	4,30	71.00	10,072.00
5     4,143.22     13     21     29       6     14     22     30       7     15     23     31	3		<b>∃</b> 11		] 19 ]	4,105.52	] 27 ]			
6 14 22 30 7 15 23 31 31 ST	4		=	4,122.26	] 20 1	<u></u>	] 28 ]			
7 15 23 31	5	4,143.22	13		] 21 1		29			
	6		14		22		30			
8 16 24	7		15		23		31			
	8		16		24					

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

REV 06/18/20 QBDT

61,621.28

# 20-11422-mg Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Department of Taxation and Finance Pg 29 of 36 YÖRK STATE

# Pg 29 of 36 Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

Main Document

Amended return

For help completing your return, see instructions, Form	MTA-305-I.									
Legal name		Employer identification number (EIN)								
RM BAKERY LLC					954					
Mailing address (number and street or PO box)		Address cha	ange?							
220 COSTER ST		Mark X (see instr.)	$\neg$ $\mid$	separate	return must	be comple	eted for each	n quarte	a ≆r}	
City, village, or post office	State	ZIP code		and ente	r the last two	digits of t	he tax year.	ax year.		
BRONX	NY	10474		Jan 1 -	Apr 1 - 😽	July 1 -	Oct 1 -	Tax	20	
	12.2	120474		Mar 31	Jun 30 X	Sep 30	Dec 31	year	20	
Number of employees – Enter the number of cov amount of payroll expense reported for the quarter	ered employees	s whose wage	es are	included	in the				47	
Enter your 2-character special condition code, if	applicable (see	instructions) .	••••				***************************************			
If you permanently ceased paying wages subject mobility tax (MCTMT), enter the date (mmddyyyy)	ct to the metro	politan comn	nuter	transpo	rtation	·				
Payroll expense subject to the MCTMT (see inst	ructions)	·,,,	·····		1.		250,	531.	11	
2 MCTMT due for quarter (see instructions)	•••••	•••••••	••••••		2.			0.	00	
3 Total prepayments including PrompTax payments and	l/or overpayments	from previous	quarte	₹ (s <del>ee</del> instr	uctions) 3.					
4 MCTMT balance due (if line 2 is more than line 3,	subtract line 3 fro	om line 2; pay tl	his am	ount)	<b>4.</b>			0.	00	
5 Total MCTMT overpaid (if line 2 is less than line 3, subtra	ct line 2 from line 3;	enter here and n	mark an	<b>X</b> in box 6	a or 6b) <b>5.</b>					
		6a. Refund		or	6b. Cred	dit to nex	t quarter N	/CTM1	Γ	
Sign your return: I certify that the information on this retu	ırn and any attach	ments is to the	best o	f my know	ledge and b	elief true,	correct, and	compl	ete.	
Third-party designee ? (see instr.)  Print designee's name		Desi	ignee's	phone nur	mber		Personal numb	identific er (PIN		
Yes No X E-mail:										
▼ Paid preparer must complete (see instructions) ▼	Date:				Taynaya	must size	hom V			
Preparer's signature	Date:  ▶ Preparer's NYT	PRIN	Taxpa	ayer's signa		must sign	nere ▼			
Firm's name (or yours, if self-employed)	▼ Preparer's PTIN	or SSN		signer's nai						
Address	<ul> <li>Employer identifi</li> </ul>	cation number		K RIME						
Preparer's e-mail	NYTPE			BER		Telephone	e number			
	excl. co			02020						
Payroll service's name	Payroli service's l	EIN	E-mai	il						
	_		ACC	OUNTIN	G@LEAVE	NCO.CO	M			
Note: If you are using a haid proparer or a pourall of	onder the cont	ion obs					-			

Make your check or money order payable in U.S. funds to: Commissioner of Taxation and Finance

Mail this return to: MCTMT PROCESSING CENTER PO BOX 4139

**BINGHAMTON NY 13902-4139** 

20-11422-mg									
Filing and Pri	inting Instr	ructions	Pg	30 01 36		NEW	YORK	FORM	MTA-305
Name RM BAKERY I	LLC			٠					
Address 220 Coster	st								
City, State, and Zi Bronx, NY									
INSTRUCTION	NS FOR MA	AILING YO	UR PAYE	ROLL TAX	RETURN		A		
Please mail	l your re	eturn to	the fol	llowing a	ddress b	y Jul	y 31,	2020	to:
MCTMT Proce		enter							**
Binghamton,		)2-4139							*****
Remember to	sign an	ıd enter	require	ed inform	nation in	the	signa	ture	line.
							<del></del>		<del> </del>
		TATE							
PRINTING IN	STRUCTIO	ns							
The form th	at we pr	int might	look	slightly	differer	nt tha	an		
the form pr	he agenc	y. Most s	states	require	you to us	se bla	ack in	nk an	d
white or cr	ever, so	me states	s have	differen	t require	ements	3.		
You should	check wi	th your t	ax age	ncy for	the exact	spec	cifica	ation	s.
									·····
KEEP THIS II	NSTRUCTI	ONS PAGE	EOB AU	IID BECOR		MOT K	AN TT		
	<u> </u>	0140 11100	TON 10	OK KISCOK	<u> </u>	NOI P	ТТТ.		NYMTA305 .

# 20-11422-mg

#### Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09

## Quarterly Combined Mithholding Wage Reporting, And Unemployment Insurance Return



Reference these numbers in all correspondence:

**UI** Employer registration number

Withholding

6015 5

7954

5

Apr 1 -Jun 30 X July 1 -Sep 30

Oct 1 -Dec 31

Year 20

No X

identification number Employer legal name:

RM BAKERY LLC

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.

Mark an X in only one box to indicate the guarter (a separate return must be completed for each quarter) and enter the year. 2 3

Are dependent health insurance benefits available to any employee? ......Yes

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

b. Second month a. First month c. Third month

> 24 2.8

26

For office use only Postmark Received date

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

Mar 31

		DO NOT Mail -	neep	ior tour Rec	oras	
	Total remuneration paid this quarter	286871.0	0 0	tax withheld		11307.06
	Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.)	191065.0	0 0	New York City tax withheld		7162.32
	Wages subject to contribution (subtract line 2 from line 1) UI contributions due	95806.	0 0	Yonkers tax withheld		
4.	Enter your UI rate 3.125 %	2993.	^ 1	Total tax withheld (add lines 12, 13, and 14)		18469.38
5.	Re-employment service fund (multiply line 3 × .00075)	71.		WT credit from <b>previous quarter's</b> return (see instr.)		
6.	UI previously underpaid with interest			Form NYS-1 payments made for quarter		18469.38
7.	Total of lines 4, 5, and 6	3065.		Total payments (add lines 16 and 17)		18469.38
8.	Enter UI previously overpaid			<b>Total WT amount due</b> (if line 15 is greater than line 18, enter difference)		0.00
	<b>Total UI amounts due</b> (if line 7 is greater than line 8, enter difference)	3065.		Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an <b>X</b> in 20a <b>or</b> 20b) <b>*</b>		
10.	Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)*		20a.	Apply to outstanding liabilities and/or refund	or <sup>20b.</sup>	Credit to next quarter withholding tax
11.	Apply to outstanding liabilities and/or refund	21. Total pa	yment due (a	dd lines <b>9</b> and <b>19</b> ; make one		
	and/or refund			S Employment Contributions		3065.79

\* 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.)

Social Security number

Last name, first name, middle initial

Total UI remuneration

Gross federal wages or distribution (see instructions) 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) MARK RIMER MEMBER

Date 073020 identification number

Doc 67

Filed 08/16/20 Entered 08/16/20 11:51:09

Main Document

Pg 32 of 36 Withholding

7954

# Do Not Mail - Keep for Your Records Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

on	a Original last payroll date reported Form NYS-1, line A (mmdd)	b Original total withheld reported on Form NYS-1, lin	C Correct last payroll date e 4 (mmdd)	d Correct total withheld
<b>&gt;</b>				
<b>•</b>				
<b>&gt;</b>				
<b>&gt;</b>	,	Da Niar Mail - Ir	( ( )	
		Do Not Maii - K	Keep for Your Re	ecoras
_			ge of business information	
	This line is not in use for this	'	and a haffle of the first or well ( ) had	
			amddyy) of the final payroll (see Note I	below)
4.	If you sold or transferred all	or part of your business:		
	<ul><li>Mark an <b>X</b> to indicate wheth</li><li>Enter the date of transfer (r</li></ul>	•		
	Complete the information b	elow about the acquiring entity		
	Legal name			EIN
	Address			

Note: For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

Paid preparer's	Preparer's signature		Date	Preparer's NYTPRIN	F	Preparer's SSN or PTIN		NYTPRIN excl. code
use	Preparer's firm name (or yours, if self-employed)	Address			Firm's	EIN	Tel	ephone number
Payroll servi	ce's name				Payro servio EIN			

Checklist for mailing:

- · File original return and keep a copy for your records.
- Complete lines 9 and 19 to ensure proper credit of payment.
- Enter your withholding ID number on your remittance.
- Make remittance payable to NYS Employment Contributions and Taxes.
- Enter your telephone number in boxes below your signature.
- See Need help? on Form NYS-45-I if you need forms or assistance.

Mail to:

**NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4119 BINGHAMTON NY 13902-4119** 

Do Not Mail - Keep for Your Records

(see instructions)

MARK RIMER

# Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Quarterly Combined With Polding, Wage Reporting, And Unemployment Insurance Return-Attachment



C. Seasonal employer .....

ithholding identification number. Do Not Mail - Keep for Youran Records box(es):

withholding identification ridinger.	Α.	Ori	iginal	l X		or A	Amend	ded ret	urn		
7954 5 Employer legal name:			J			July 1 - Sep 30				Year	20 <b>Y</b> '
RM BAKERY LLC	В.	Oth	her w	ages	only	reporte	d on t	his paç	је	-	

Quarterly employee/payee wage reporting and withholding information (Do not enter negative numbers in columns c, d, and e; see instructions)

Conial Conveits assessed	Do Not Mail - Keep	for Your Red	Cords Gross federal wages or	Total NYS, NYC, and
a Social Security number	<b>b</b> Last name, first name, middle initial <b>c</b>	paid this quarter d	Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
		2114.25	2114.25	126.16
		2044.25	2044.25	159.85
		3937.50	3429.81	160.77
		1889.55	1889.55	147.72
		2773.50	2773.50	199.01
		22500.01	22500.01	1185.08
		2371.79	2371.79	167.25
		9210.40	9210.40	587.73
		1683.75	1683.75	92.86
		5261.63	5261.63	282.66
		3528.51	3528.51	138.12
		1261.45	1261.45	64.88
		5788.14	5788.14	301.05
		6000.00	5822.48	489.04
		14650.44	14650.44	1233.75
		600.00	600.00	39.87
-	_ Total this page only	85615.17	84929.96	5375.80
	page, enter grand totals pages	286871.15	284883.99	18469.38
Contact information	Name		Daytime teleph	one number

Postmark

Postmark

Postmark

Postmark

Received date

Do Not Mail - Keep for Your Received PO BOX 4119

BINGHAMTON NY 13902-4119

REV 06/18/20 QBDT

# Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Quarterly Combined With Holding, Wage Reporting, And Unemployment Insurance Return-Attachment



Nithbolding identification number Do Not Mail - Keep for Youran Records box(es):

Withholding identification number	be DO NOT Mail - Reep	A. Original	or Amende	ed return
7954 5 Employer legal name:		Jan 1 - Apr 1 - Mar 31 Jun 30 <b>1</b>	· 🗴 July 1 - O	oct 1 - ec 31 Year 20
RM BAKERY LLC		-	only reported on thi	
		C. Seasonal er	nployer	
C	uarterly employee/payee wage repo	orting and withholding in	nformation	
	Do Not Mail - Keep b Last name, first name, middle initial	lumns c, d, and e; see instru for Your Rec	ctions) Ords	
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 instr.)	e Total NYS, NYC, and Yonkers tax withheld
		7897.88	7897.88	437.85
		1083.00	1083.00	57.94
		7115.07	7115.07	465.80
		2041.00	2041.00	91.44
		256.25	256.25	6.96
		8056.50	8056.50	467.75
		5024.00	5024.00	310.79
		5346.00	5346.00	256.13
		10018.44	10018.44	723.85
		5777.76	5777.76	353.55
		5850.00	5273.06	139.88
		2810.00	2810.00	150.60
		8377.03	8377.03	516.46
		687.50	687.50	34.84
		2301.49	2301.49	118.13
		8887.38	8887.38	464.61
-	_ Total this page only page, enter grand totals	81529.30	80952.36	4596.58

Contact information (see instructions)

Name

MARK RIMER

Daytime telephone number

Postmark

Postmark

Postmark

Postmark

Received date

Do Not Mail - Keep for Your Received PO BOX 4119

BINGHAMTON NY 13902-4119

of all pages .....

# Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Quarterly Combined With Holding, Wage Reporting, And Unemployment Insurance Return-Attachment



Vithholding identification number. Do Not Mail - Keep for Youran Reconds: box(es):

RM BAKERY LLC	В.	Oth	her v	vages	only	reporte	d on	this pag	e		
7954 5 Employer legal name:	Jar Ma	11 - r 31	1	Apr 1 - Jun 30	X <b>2</b>	July 1 - Sep 30	3	Oct 1 - Dec 31	4	Year	20 <b>Y</b> Y
7054	A.	Or	igina	al		or /	Amen	nded retu	ırn		
Withholding identification number:											

Quarterly employee/payee wage reporting and withholding information (Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	p tor Your Rec	Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
		4983.25	4983.25	282.57
	,	8169.20	8169.20	502.84
		20499.96	19774.95	1758.25
		3150.00	3150.00	145.32
		8438.64	8438.64	571.92
		1156.25	1156.25	75.19
		5725.50	5725.50	475.14
		4954.95	4954.95	321.45
		3097.50	3097.50	95.02
		8241.92	8241.92	610.00
		5028.61	5028.61	358.21
		287.01	287.01	7.68
		16326.17	16326.17	1342.78
		4350.59	4350.59	269.85
		5561.55	5561.55	385.73
		7306.14	7306.14	494.94
	Total this page only	107277.24	106552.23	7696.89
	page, enter grand totals ages			
Contact information	Name MARK RIMER		Daytime teleph	



# Doc 67 Filed 08/16/20 Entered 08/16/20 11:51:09 Quarterly Combined With Moleting, Wage Reporting, And Unemployment Insurance Return-Attachment



And Unemployment Insurance Return-Attachment Withholding identification number. Do Not Mail - Keep for Youran Reconds: box(es): A. Original or Amended return 7954 Employer legal name: RM BAKERY LLC **B.** Other wages only reported on this page ..... C. Seasonal employer ..... Quarterly employee/payee wage reporting and withholding information Do not enter negative numbers in columns c, d, and e; see instructions)

Do Not Mail - Keep for Your Records

Total UI remuneration paid this quarter d d Gross federal wages or distribution (see instr.) e Total NYS, NYC, and Yonkers tax withheld **b** Last name, first name, middle initial a Social Security number 7334.94 7334.94 503.60 2784.75 2784.75 178.45 2329.75 2329.75 118.06 Page No.  $\underline{\phantom{a}4}$  of  $\underline{\phantom{a}4}$  Total this page only ..... 12449.44 12449.44 800.11

If first page, enter grand totals of all pages .......

Contact information (see instructions) Name MARK RIMER

Daytime telephone number

For office use only Postmark

Received date

Not Mail - Keep for Your Received date

Not Mail - Keep for Your Received PO BOX 4119

BINGHAMTON NY 13902-4119