

**NEW PALTZ CHILD CARE CENTER
P.O. BOX 844
NEW PALTZ, NY 12561
(845)256-0445**

September 10, 2014

To Whom It May Concern:

As of Wednesday September 10, 2014 the current enrollment at The New Paltz Child Care Center is as follows;

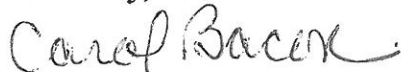
Infant Room (6 weeks- 18 months) - 9

Toddler Room (18months to 3 years) – 3

Preschool Room (3 years to 5 years) – 8

Please do not hesitate to call if you have any more questions.

Sincerely,



Carol Bacon

**New Paltz Child Care Center
Board of Directors
9/26/2014**

President

Kerri McInyre
27 Soper Road
New Paltz, N.Y. 12561
417-1185

kerri912@hotmail.com

Vice President

Ginger King
Rocky Hill Road
New Paltz, NY 12561
845-790-4362

g.ingering00@yahoo.com

Secretary

Katie Chase
586 Sand Hill Road
Gardiner, NY 12525
860-798-1658

Treasury

Amy Jett
30 Dellany Ave
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845-234-1530

astrick1027@yahoo.com

Director

Carol Bacon
21 Hummel Road
New Paltz, N.Y., 12561
w/256-0445
h-256-0408
cell-901-9633
npchildcarecenter@hvc.rr.com

Parent Representative

Samantha Skillman
777 Gregory Court
Highland, NY 12528
845-616-4085

smiskillman@gmail.com

Accountant

Krasinski & Company

845-255-5294

kathleen@kcpa.net

Bookkeeper/Consultant

Deborah Weaver
897 Kapla Road
Kingston, NY 12401
W-338-3130
C-224-5050/fax 853-8793
deb@deborahweaver.com

Parent Representative

Legal Advisor

Steven Nussbaum
235 Main Street
New Paltz, NY 12561
(W) 255-0743

New Paltz Child Care Center
PROFIT AND LOSS
September 2014

	TOTAL
Income	
Fees Billed	150.00
Services	16,211.70
Uncategorized Income	0.05
Total Income	\$16,361.75
Gross Profit	\$16,361.75
Expenses	
Communications	
Internet	74.99
Telephone	252.33
Total Communications	327.32
Food Supplies	473.80
Insurance	
Workers Comp	213.00
Total Insurance	213.00
Payroll Expenses	
Taxes	967.72
Wages	12,279.17
Total Payroll Expenses	13,246.89
Repair & Maintenance	
Building	57.00
Refuse	409.38
Total Repair & Maintenance	466.38
Supplies	357.30
Total Expenses	\$15,084.69
Net Operating Income	\$1,277.06
Net Income	\$1,277.06

Tuesday, Oct 07, 2014 12:44:37 PM PDT GMT-4 - Accrual Basis

New Paltz Child Care Center
PROFIT AND LOSS
 January - September, 2014

	TOTAL
Income	
Fees Billed	825.00
Fund Raisers	<u>1,628.75</u>
Services	159,633.17
Uncategorized Income	<u>225.30</u>
Total Income	<u>\$162,312.22</u>
Gross Profit	<u>\$162,312.22</u>
Expenses	
Advertising	144.00
Communications	
Internet	599.92
Telephone	<u>1,088.81</u>
Total Communications	1,688.73
Food Supplies	6,773.08
Fundraising Expense	573.60
Insurance	-127.20
Liability	2,163.75
Workers Comp	<u>2,183.13</u>
Total Insurance	4,219.68
Interest Expense	109.06
Laundry	130.00
Office Expenses	801.43
Payroll Expenses	168.48
Taxes	15,468.23
Wages	<u>137,843.94</u>
Total Payroll Expenses	153,480.65
Payroll Tax Expense	44.82
Professional Development	20.00
Professional Fees	
Accounting	1,411.40
Payroll Service Fee	<u>319.17</u>
Total Professional Fees	1,730.57
Repair & Maintenance	
Building	22.87
Pest Control	389.00
Refuse	1,302.26
Security Service	<u>527.82</u>
Total Repair & Maintenance	2,241.95
Supplies	2,919.97

Taxes & Licenses	25.00
Uncategorized Expense	200.00
Utilities	
Water & Sewer	681.38
Total Utilities	<u>681.38</u>
Total Expenses	<u>\$175,783.92</u>
Net Operating Income	\$ -13,471.70
Other Income	
Interest Earned	1.61
Total Other Income	<u>\$1.61</u>
Net Other Income	<u>\$1.61</u>
Net Income	<u><u>\$ -13,470.09</u></u>

Tuesday, Oct 07, 2014 12:44:15 PM PDT GMT-4 - Accrual Basis

NYS-45 (12/13)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



Reference these numbers in all correspondence:

UI Employer registration number **8699628** **8**

Withholding identification number **141785476**

Employer legal name:
New Paltz Child Care Center Corp

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.
 1 2 3 4 Y Y
 Jan 1 - Mar 31 Apr 1 - Jun 30 July 1 - Sep 30 Oct 1 - Dec 31 Year **14**

For office use only
Postmark

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

Received date

If seasonal employer, mark an X in the box

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month
8

b. Second month
7

c. Third month
7

UI SK AI SI WT SK

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter **44561 .00**
 2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.) **41871 .00**
 3. Wages subject to contribution (subtract line 2 from line 1) **2690 .00**
 4. UI contributions due
 Enter your UI rate . % **172 .83**
 5. Re-employment service fund (multiply line 3 x .00075) **2 .02**
 6. UI previously underpaid with interest **.00**
 7. Total of lines 4, 5, and 6 **174 .85**
 8. Enter UI previously overpaid **0 .00**
 9. Total UI amounts due (if line 7 is greater than line 8, enter difference) ... **174 .85**
 10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)*
 11. Apply to outstanding liabilities and/or refund

12. New York State tax withheld **1302 .51**
 13. New York City tax withheld **0 .00**
 14. Yonkers tax withheld **0 .00**
 15. Total tax withheld (add lines 12, 13, and 14) **1302 .51**
 16. WT credit from previous quarter's return (see instr.) **0 .00**
 17. Form NYS-1 payments made for quarter **751 .24**
 18. Total payments (add lines 16 and 17) **751 .24**
 19. Total WT amount due (if line 15 is greater than line 18, enter difference) ... **551 .27**
 20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* ...

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

21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes) **726 .12**

* 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 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.)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a	b	c	d	e
Social security number	Last name, first name, middle initial	Total UI remuneration paid this quarter	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) _____ Title _____

Date

Telephone number

015 756 0115



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.

a Original last payroll date reported on Form NYS-1, line A (mmdd)	b Original total withheld reported on Form NYS-1, line 4	c Correct last payroll date (mmdd)	d Correct total withheld

Part E - Change of business information

- 12. This line is not in use for this quarter.
- 13. If you **permanently ceased paying wages**, enter the date (mmddyy) of the final payroll (see Note below)
- 14. If you **sold or transferred all or part of your business**:
 - Mark an **X** to indicate whether in **whole** or in **part**
 - Enter the date of transfer (mmddyy)
 - Complete the information below 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 Department of Labor at (518) 485-8589 or 1 888 899-8810. If you are using a paid preparer or a payroll service, the action below must be completed.

Paid preparer's name	Preparer's signature	Date	Preparer's NY TPRIN	Preparer's SSN or PTIN	Mark an X if self-employed <input type="checkbox"/>
Payroll service's name	Preparer's firm name (or yours, if self-employed)	Address	Firm's EIN	Telephone number	Payroll service's 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**

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



Withholding identification number:

141785476

Mark an **X** in the applicable box(es):

A. Original **or Amended return**

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 4 Year 14 Y Y

Employer legal name:

New Paltz Child Care Center Corp

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.		
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	
[REDACTED]	Bacon Carol .	9327 51			
[REDACTED]	Kehr Amy K	5832 76			
[REDACTED]	Kouhout Seara M	5269 75			
[REDACTED]	Lopez-Agor Danielle L	5827 52			
[REDACTED]	Morabito Nicole M	5080 50			
[REDACTED]	Sacks Ruth E	436 50			
[REDACTED]	Stewart Marybeth T	5535 21			
[REDACTED]	Kutka Elizabeth P	943 50			
[REDACTED]	Orban Victoria M	6307 89			

Page No. 2 of 2 Total this page only

If first page, enter grand totals of all pages

44561	14			
44561	00			

Contact information (see instructions)	Name Carol Bacon	Daytime telephone number (845) 256-0445
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