

941 for 2023: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950122
OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2023 (Check one.)

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="3"/>
2	Wages, tips, and other compensation	2	<input type="text" value="23608"/> <input type="text" value="71"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="1965"/> <input type="text" value="55"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages* <input type="text" value="23608"/> <input type="text" value="71"/>	$\times 0.124 =$	<input type="text" value="2927"/> <input type="text" value="48"/>
5a (i)	Qualified sick leave wages* <input type="text"/>	$\times 0.062 =$	<input type="text"/>
5a (ii)	Qualified family leave wages* <input type="text"/>	$\times 0.062 =$	<input type="text"/>
5b	Taxable social security tips <input type="text"/>	$\times 0.124 =$	<input type="text"/>
5c	Taxable Medicare wages & tips <input type="text" value="23608"/> <input type="text" value="71"/>	$\times 0.029 =$	<input type="text" value="684"/> <input type="text" value="65"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/>	$\times 0.009 =$	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d <input type="text" value="3612"/> <input type="text" value="13"/>		
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) <input type="text"/>		
6	Total taxes before adjustments. Add lines 3, 5e, and 5f <input type="text" value="5577"/> <input type="text" value="68"/>		
7	Current quarter's adjustment for fractions of cents <input type="text"/> <input type="text" value="03"/>		
8	Current quarter's adjustment for sick pay <input type="text"/>		
9	Current quarter's adjustments for tips and group-term life insurance <input type="text"/>		
10	Total taxes after adjustments. Combine lines 6 through 9 <input type="text" value="5577"/> <input type="text" value="71"/>		
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 <input type="text"/>		
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 <input type="text"/>		
11c	Reserved for future use <input type="text"/>		

*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

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

Name (not your trade name)

Employer identification number (EIN)

Veratex, Inc.

13 - 2804148

Part 1: Answer these questions for this quarter. (continued)

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	<input type="text"/>
11e	Reserved for future use	11e	<input type="text"/>
11f	Reserved for future use		<input type="text"/>
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input type="text"/> 5577 <input type="text"/> 71
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	<input type="text"/> 5577 <input type="text"/> 71
13b	Reserved for future use	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input type="text"/>
13d	Reserved for future use	13d	<input type="text"/>
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	<input type="text"/>
13f	Reserved for future use	13f	<input type="text"/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	<input type="text"/> 5577 <input type="text"/> 71
13h	Reserved for future use	13h	<input type="text"/>
13i	Reserved for future use	13i	<input type="text"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 2281 72Month 2 2281 72Month 3 1014 27Total liability for quarter 5577 71

Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

Name (not your trade name)

Veratex, Inc.

Employer identification number (EIN)

13 - 2804148

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, andenter the final date you paid wages / / ; also attach a statement to your return. See instructions.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 for leave taken before April 1, 2021 19 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20 21 Reserved for future use 21 22 Reserved for future use 22 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 **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.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

 ☐ No.**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.

Sign your
name herePrint your
name here

Claude Simon

Print your
title here

President

Date

4/12/2023

Best daytime phone

212-683-9300

Paid Preparer Use OnlyCheck if you're 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