

(Rev. January 2019)		Department of the Treasury - Internal Revenue Service									
Employer identification number (EIN)		1	3	-	2	8	0	4	1	4	8
Name (not your trade name)		Veratex Inc.									
Trade name (if any)											
Address	P. O. Box 682										
	Number	Street			Suite or room number						
New York							NY	10108			
City							State	ZIP code			
Foreign country name					Foreign province/county			Foreign postal code			

**Report for this Quarter of 2019**  
(Check one.)

**1:** January, February, March

**2:** April, May, June

**3:** July, August, September

**4:** October, November, December

Go to [www.irs.gov/Form941](http://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	4
2	<b>Wages, tips, and other compensation</b>	2	47520 • 20
3	<b>Federal income tax withheld from wages, tips, and other compensation</b>	3	4713 • 09
4	<b>If no wages, tips, and other compensation are subject to social security or Medicare tax</b>	<input type="checkbox"/> Check and go to line 6.	
		<b>Column 1</b>	<b>Column 2</b>
5a	<b>Taxable social security wages</b>	47520 • 20	$\times 0.124 =$ 5892 • 50
5b	<b>Taxable social security tips</b>	•	$\times 0.124 =$ •
5c	<b>Taxable Medicare wages &amp; tips</b>	47520 • 20	$\times 0.029 =$ 1378 • 08
5d	<b>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</b>	•	$\times 0.009 =$ •
5e	<b>Add Column 2 from lines 5a, 5b, 5c, and 5d</b>	5e	7270 • 58
5f	<b>Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)</b>	5f	•
6	<b>Total taxes before adjustments.</b> Add lines 3, 5e, and 5f	6	11983 • 67
7	<b>Current quarter's adjustment for fractions of cents</b>	7	• 02
8	<b>Current quarter's adjustment for sick pay</b>	8	•
9	<b>Current quarter's adjustments for tips and group-term life insurance</b>	9	•
10	<b>Total taxes after adjustments.</b> Combine lines 6 through 9	10	11983 • 69
11	<b>Qualified small business payroll tax credit for increasing research activities.</b> Attach Form 8974	11	•
12	<b>Total taxes after adjustments and credits.</b> Subtract line 11 from line 10	12	11983 • 69
13	<b>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</b>	13	11983 • 69
14	<b>Balance due.</b> If line 12 is more than line 13, enter the difference and see instructions	14	0 •
15	<b>Overpayment.</b> If line 13 is more than line 12, enter the difference		<input type="checkbox"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

► You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 1-2019)

Next 

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
--------------------------------------------	----------------------------------------------------

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

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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

Month 2

Month 3

Total liability for quarter  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.

**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

enter the final date you paid wages  /

**18 If you are a seasonal employer and you don't have to file a return for every quarter of the year**  Check here.

**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 both 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.

	<b>Sign your name here</b> <input type="text"/>	Print your name here <input type="text"/>
		Print your title here <input type="text"/>
Date <input type="text"/> / <input type="text"/>	Best daytime phone <input type="text"/>	

<b>Paid Preparer Use Only</b>	Check if you are self-employed <input type="checkbox"/>
Preparer's name <input type="text"/>	PTIN <input type="text"/>
Preparer's signature <input type="text"/>	Date <input type="text"/> / <input type="text"/>
Firm's name (or yours if self-employed) <input type="text"/>	EIN <input type="text"/>
Address <input type="text"/>	Phone <input type="text"/>
City <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

Form **941**  
(Rev. January 2019)

Department of the Treasury – Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN)	1	3	-	2	8	0	4	1	4	8	
Name (not your trade name)	Veratex Inc.										
Trade name (if any)											
Address	P. O. Box 682										
	Number	Street	Suite or room number								
New York			NY	10108							
City			State	ZIP code							
Foreign country name				Foreign province/county				Foreign postal code			

**Report for this Quarter of 2019**  
(Check one.)

**1:** January, February, March

**2:** April, May, June

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Go to [www.irs.gov/Form941](http://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	4
2	Wages, tips, and other compensation	2	46103 ■ 20
3	Federal income tax withheld from wages, tips, and other compensation	3	4826 ■ 95
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 . . .	46103 ■ 20 $\times 0.124 =$	5716 ■ 80
5b	Taxable social security tips . . .	■ $\times 0.124 =$	■
5c	Taxable Medicare wages & tips . . .	46103 ■ 20 $\times 0.029 =$	1336 ■ 99
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■ $\times 0.009 =$	■
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . .	5e	7053 ■ 79
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . .	5f	■
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . .	6	11880 ■ 74
7	Current quarter's adjustment for fractions of cents . . .	7	■ 00
8	Current quarter's adjustment for sick pay . . .	8	■
9	Current quarter's adjustments for tips and group-term life insurance . . .	9	■
10	Total taxes after adjustments. Combine lines 6 through 9 . . .	10	11880 ■ 74
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . .	11	■
12	Total taxes after adjustments and credits. Subtract line 11 from line 10 . . .	12	11880 ■ 74
13	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	13	11880 ■ 74
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions . . .	14	0 ■
15	Overpayment. If line 13 is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

► You MUST complete both pages of Form 941 and SIGN it.

Cat. No. 1790017

Form 941 (Rev. 1-2019)

Next 

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
--------------------------------------------	----------------------------------------------------

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

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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

Month 2

Month 3

Total liability for quarter  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.

**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 enter the final date you paid wages

**18 If you are a seasonal employer and you don't have to file a return for every quarter of the year**  Check here.

**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 both 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.

**X**

Sign your name here

Print your name here

Print your title here

Date  /

Best daytime phone

Paid Preparer Use Only  Check if you are self-employed

Preparer's name

PTIN

Preparer's signature

Date  /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City  State

ZIP code

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

Form 341-10  
(Rev. January 2019)

Department of the Treasury - Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN)	1	3	-	2	8	0	4	1	4	8	
Name (not your trade name)	Veratech Inc.										
Trade name (if any)											
Address	P. O. Box 682										
	Number	Street	Suite or room number								
New York					NY	10108					
City					State	ZIP code					
Foreign country name					Foreign province/county	Foreign postal code					

**Report for this Quarter of 2019**  
(Check one.)

**1:** January, February, March

**2:** April, May, June

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Go to [www.irs.gov/Form941](http://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: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	4
2	Wages, tips, and other compensation	2	46420 . 20
3	Federal income tax withheld from wages, tips, and other compensation	3	4900 . 66
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 . . .	46420 . 20	$\times 0.124 =$ 5756 . 10
5b	Taxable social security tips . . .	■	$\times 0.124 =$ ■
5c	Taxable Medicare wages & tips. . .	46420 . 20	$\times 0.029 =$ 1346 . 19
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\times 0.009 =$ ■
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	7102 . 29
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	■
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	12002 . 95
7	Current quarter's adjustment for fractions of cents	7	■ . 07
8	Current quarter's adjustment for sick pay	8	■
9	Current quarter's adjustments for tips and group-term life insurance	9	■
10	Total taxes after adjustments. Combine lines 6 through 9	10	12003 . 02
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	■
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	12003 . 02
13	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	13	12003 . 02
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	0 .
15	Overpayment. If line 13 is more than line 12, enter the difference		<input type="checkbox"/> Check one: <input type="checkbox"/> Apply to next return <input type="checkbox"/> Send a refund

Check one:  Apply to next return,  Send a refund.

Next 

Next 

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
--------------------------------------------	----------------------------------------------------

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

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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 4039. 54

Month 2 3981. 74

Month 3 3981. 74

Total liability for quarter 12003. 02 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.

**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 enter the final date you paid wages / / .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year  Check here.

**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 both 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.

X

Sign your name here



Print your name here

Print your title here

Date / /

Best daytime phone

**Paid Preparer Use Only**

Check if you are self-employed

Preparer's name

PTIN

Preparer's signature

Date / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

ZIP code

# 941 for 2019: Employer's QUARTERLY Federal Tax Return

Form (Rev. January 2019)

Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN)		1	3	-	2	8	0	4	1	4	8
Name (not your trade name) Veratex Inc.											
Trade name (if any)											
Address	P. O. Box 682		Number	Street	Suite or room number						
					NY	10108					
	New York				State	ZIP code					
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Report for this Quarter of 2019  
(Check one.)

1: January, February, March  
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**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 4

2 Wages, tips, and other compensation

2 46720 20

3 Federal income tax withheld from wages, tips, and other compensation

3 4658 91

4 If no wages, tips, and other compensation are subject to social security or Medicare tax

Check and go to line 6.

Column 1

Column 2

5a Taxable social security wages 46720 20  $\times 0.124 =$  5793 30

5b Taxable social security tips  $\square \times 0.124 =$   $\square$

5c Taxable Medicare wages & tips 46720 20  $\times 0.029 =$  1354 89

5d Taxable wages & tips subject to Additional Medicare Tax withholding  $\square \times 0.009 =$   $\square$

5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 7148 19

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f  $\square$

6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 11807 10

7 Current quarter's adjustment for fractions of cents 7  $\square$  3

8 Current quarter's adjustment for sick pay 8  $\square$

9 Current quarter's adjustments for tips and group-term life insurance 9  $\square$

10 Total taxes after adjustments. Combine lines 6 through 9 10 11807 13

11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11  $\square$

12 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 11807 13

13 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 13 11807 13

14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 0

15 Overpayment. If line 13 is more than line 12, enter the difference  $\square$  Check one:  Apply to next return.  Send a refund.

Next ►

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
--------------------------------------------	----------------------------------------------------

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

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

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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 4039. 54

Month 2 2988. 64

Month 3 4478. 95

Total liability for quarter 11807. 13 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.

**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 enter the final date you paid wages

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year  Check here.

**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 both pages of Form 941 and SIGN it.**

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		<b>Sign your name here</b> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 300px; height: 50px; vertical-align: middle;"></span>	Print your name here <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>
		Print your title here <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>	
Date <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span> / <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>		Best daytime phone <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>	
<b>Paid Preparer Use Only</b>		Check if you are self-employed <input type="checkbox"/>	
Preparer's name	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 300px; height: 15px; vertical-align: middle;"></span>		PTIN <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>
Preparer's signature	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 300px; height: 15px; vertical-align: middle;"></span>		Date <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>
Firm's name (or yours if self-employed)	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 300px; height: 15px; vertical-align: middle;"></span>		EIN <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>
Address	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 300px; height: 15px; vertical-align: middle;"></span>		Phone <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>
City	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>	State <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span>	ZIP code <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>