

941 for 2019: Employer's QUARTERLY Federal Tax Return

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
☐ 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	4																				
2	Wages, tips, and other compensation	2	47520 . 20																				
3	Federal income tax withheld from wages, tips, and other compensation	3	4713 . 09																				
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.																					
<table border="0" style="width: 100%;"> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>$47520 . 20 \times 0.124 =$</td> <td>5892 . 50</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>$\times 0.124 =$</td> <td>.</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages & tips</td> <td>$47520 . 20 \times 0.029 =$</td> <td>1378 . 08</td> </tr> <tr> <td>5d</td> <td>Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td>$\times 0.009 =$</td> <td>.</td> </tr> </table>					Column 1		Column 2	5a	Taxable social security wages	$47520 . 20 \times 0.124 =$	5892 . 50	5b	Taxable social security tips	$\times 0.124 =$.	5c	Taxable Medicare wages & tips	$47520 . 20 \times 0.029 =$	1378 . 08	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$.
	Column 1		Column 2																				
5a	Taxable social security wages	$47520 . 20 \times 0.124 =$	5892 . 50																				
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5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	7270 . 58																				
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	11983 . 67																				
7	Current quarter's adjustment for fractions of cents	7	. 02																				
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	11983 . 69																				
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	11983 . 69																				
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	11983 . 69																				
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	15	.																				

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

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

Next ▶

Name (not your trade name)

Employer identification number (EIN)

Veratex Inc.

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.

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Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

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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.



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

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(Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117
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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.											
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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	.										
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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										
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Name (not your trade name)

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Veratex Inc.

13-2804148

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enter the final date you paid wages .

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- ☐ No.

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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.

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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

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(Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

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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 2019
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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="4"/>										
2	Wages, tips, and other compensation	2	<input type="text" value="46420"/> <input type="text" value="20"/>										
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="4900"/> <input type="text" value="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.											
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Column 1</td> <td style="width: 50%; text-align: center;">Column 2</td> </tr> <tr> <td>5a Taxable social security wages</td> <td><input type="text" value="46420"/> <input type="text" value="20"/> × 0.124 = <input type="text" value="5756"/> <input type="text" value="10"/></td> </tr> <tr> <td>5b Taxable social security tips</td> <td><input type="text"/> × 0.124 = <input type="text"/></td> </tr> <tr> <td>5c Taxable Medicare wages & tips</td> <td><input type="text" value="46420"/> <input type="text" value="20"/> × 0.029 = <input type="text" value="1346"/> <input type="text" value="19"/></td> </tr> <tr> <td>5d Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td><input type="text"/> × 0.009 = <input type="text"/></td> </tr> </table>				Column 1	Column 2	5a Taxable social security wages	<input type="text" value="46420"/> <input type="text" value="20"/> × 0.124 = <input type="text" value="5756"/> <input type="text" value="10"/>	5b Taxable social security tips	<input type="text"/> × 0.124 = <input type="text"/>	5c Taxable Medicare wages & tips	<input type="text" value="46420"/> <input type="text" value="20"/> × 0.029 = <input type="text" value="1346"/> <input type="text" value="19"/>	5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 = <input type="text"/>
Column 1	Column 2												
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5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="7102"/> <input type="text" value="29"/>										
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>										
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="12002"/> <input type="text" value="95"/>										
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/> <input type="text" value="07"/>										
8	Current quarter's adjustment for sick pay	8	<input type="text"/>										
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>										
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="12003"/> <input type="text" value="02"/>										
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>										
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<input type="text" value="12003"/> <input type="text" value="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	<input type="text" value="12003"/> <input type="text" value="02"/>										
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text" value="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.											

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

Cat. No. 170012

Form **941** (Rev. 1-2019)

Next ►

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Employer identification number (EIN)

Veratex Inc.

13-2804148

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Month 2

Month 3

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

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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 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

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Form (Rev. January 2019) Department of the Treasury — Internal Revenue Service

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2 Wages, tips, and other compensation **46720 . 20**

3 Federal income tax withheld from wages, tips, and other compensation **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	5793 . 30
5b Taxable social security tips		
5c Taxable Medicare wages & tips	46720 . 20	1354 . 89
5d Taxable wages & tips subject to Additional Medicare Tax withholding		
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		7148 . 19
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		11807 . 10
7 Current quarter's adjustment for fractions of cents		3
8 Current quarter's adjustment for sick pay		
9 Current quarter's adjustments for tips and group-term life insurance		
10 Total taxes after adjustments. Combine lines 6 through 9		11807 . 13
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		
12 Total taxes after adjustments and credits. Subtract line 11 from line 10		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		11807 . 13
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions		0 .
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Cat. No. 17001Z

Form 941 (Rev. 1-2019)

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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