NYS-45 (2/13)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

41329412

Reference these numbers in all correspondence

UI Employer registration number: 3360096 2

Withholding identification number: 132804148

Employer legal name: Veratex Inc.

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 Jan 1 - Mar 31	2 Apr 1 - Jun 30	3 July 1 - Sep 30	4 Oct 1 - Dec 31	Year
		X		13

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

If seasonal employer, mark an X in the box ☐

For office use only
Postmark
Received date
UI SK | AI | SI | WT SK

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	b. Second month	c. Third month
4	4	4

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter	45050	.00
2. Remuneration paid this quarter to each employee in excess of $8,500 since January 1	43165	.00
3. Wages subject to contribution (subtract line 2 from line 1)	1885	.00
4. UI contributions due Enter your UI rate 3.325 %	62	.68
5. Re-employment service fund (multiply line 3 x .00075)	1	.41
6. UI previously underpaid with interest		.
7. Total of lines 4, 5, and 6	64	.09
8. Enter UI previously overpaid		.
9. **Total UI amounts due** (if line 7 is greater than line 8, enter difference)		.
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 ☐		

Part B - Withholding tax (WT) information

12. New York State tax withheld	1504	.05
13. New York City tax withheld	366	.19
14. Yonkers tax withheld		.
15. Total tax withheld (add lines 12, 13, and 14)	1870	.24
16. WT credit from **previous quarter's** return (see instr.)		.
17. Form NYS-1 payments made for quarter	1870	.24
18. Total payments (add lines 16 and 17)		.
19. **Total WT amount due** (if line 15 is greater than line 18, enter difference)	0	.
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's withholding tax ☐

21. **Total payment due** (add lines 9 and 19; make one remittance payable to **NYS Employment Contributions and Taxes**) ..... 64 .09

*** 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 Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instructions)	e Total NYS, NYC, and Yonkers tax withheld
149463469	Simon Carolyn	1885.00		
056665410	Chang, Wei	15085.20		
148705969	D'alessio Claudio	11079.77		
106501158	Simon, Claude	17000.01		
		.		
Totals (column c must equal remuneration on line 1; see instructions for exceptions)		45049.98		

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
	Wei Chang	Controller

Date: 10/8/13 Telephone number: 212 683 9300