Form **941 for 2016: Employer's QUARTERLY Federal Tax Return** 950114

(Rev. January 2016) Department of the Treasury — Internal Revenue Service 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 (Number, Street, Suite or room number)	P.O. Box 482
City / State / ZIP code	New York / NY / 10108
Foreign country name / Foreign province/county / Foreign postal code	

Report for this Quarter of 2016 (Check one.)

- [ ] 1: January, February, March
- [x] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941*.

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	44770 . 28
3	**Federal income tax withheld from wages, tips, and other compensation**	3	2873 . 38
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**	44770 . 28	× .124 =	5551. . 51
5b	**Taxable social security tips**	.	× .124 =	.
5c	**Taxable Medicare wages & tips**	44770 . 28	× .029 =	1298 . 34
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**	.	× .009 =	.

5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**	5e	6849 . 85
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	9723 . 23
7	**Current quarter's adjustment for fractions of cents**	7	. -17
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	.
11	**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**	11	9723. . 06
12	**Balance due.** If line 10 is more than line 11, enter the difference and see instructions	12	0 .
13	**Overpayment.** If line 11 is more than line 10, enter the difference .	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)

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.

14 Check one: ☐ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 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**	3163 . 88
	Month 2	3163 . 88
	Month 3	3395 . 30
Total liability for quarter		9723 . 06

Total must equal line 10.

☐ **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.

15 If your business has closed or you stopped paying wages . . . . ☐ Check here, and

enter the final date you paid wages / / .

16 If you are a seasonal employer and you do not 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.

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	

DLN: 64921182774

New York State Department of Taxation and Finance

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

NYS-45 WEB

Reference these numbers in all correspondence:

UI Employer registration number 33-60096 | 2

Withholding identification number 13-2804148

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.

Jan 1 - Mar 31 (1) | Apr 1 - Jun 30 ✓ (2) | July 1 - Sep 30 (3) | Oct 1 - Dec 31 (4) | Year 16 (YY)

Do you offer dependent health insurance benefits to any employee? ..... Yes ✓ No

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	b. Second month	c. Third month
4	4	4

Disaster relief

Part A – Unemployment Insurance (UI) information

1.	Total remuneration paid this quarter	44,770.00
2.	Remuneration paid this quarter to in excess of the UI wage base since January 1	42,885.00
3.	Wages subject to contribution *(subtract line 2 from line 1)*	1,885.00
4.	UI contributions due — UI rate 1.625 %	30.63
5.	Re-employment service fund *(multiply line 3 x .00075)*	1.41
6a.	Interest on contributions	
6b.	UI previously underpaid with interest	0.00
7.	Total of lines 4, 5, 6a and 6b	32.04
8.	Enter UI previously overpaid	0.00
9.	**Total UI amounts due** *(if line 7 is greater than line 8, enter difference)*	32.04
10.	Total UI overpaid *(if line 8 is greater than line 7, enter the difference)* *	

Part B – Withholding tax (WT) information

12.	New York State tax withheld	1,385.65
13.	New York City tax withheld	305.19
14.	Yonkers tax withheld	0.00
15.	Total tax withheld *(add lines 12, 13, and 14)*	1,690.84
16.	WT credit from **previous quarter's** return *(see instr.)*	0.00
17.	Form NYS-1 payments made for quarter	1,690.84
18.	Total payments *(add lines 16 and 17)*	1,690.84
19.	**Total WT amounts due** *(if line 15 is greater than line 18, enter difference)*	0.00
20.	Total WT overpaid *(if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* *	0.00
20a.	Apply to outstanding liabilities and/or refund	
20b.	Credit to next quarter withholding tax	
21.	**Total payment due** *(add lines 9 and 19)*	32.04

*** An overpayment of either tax cannot be used to offset the amount due on the other tax.**

Part C – Wage Reporting Summary

C	Total UI total remuneration/gross wages paid this quarter	44,770.00
D	Total gross wages or distribution	
	Total number of employees	4
E	Total tax withheld	

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.

Taxpayer's signature | Signer's name | Title

Date: 07/14/2016 14:29:22 | Telephone number

Withholding identification number 13-2804148

Part D – Form NYS-1 corrections/additions

Web filed not applicable

Part E – Change of business information

23. If you **permanently ceased paying wages**, enter the date (MMDDYY) of the final payroll ....

24. Did you sell or transfer all or part of your business? ☐ Yes ✓ No

If Yes, indicate if sale or transfer was in ☐ Whole or ☐ Part

Paid preparer's use	Preparer's signature	Telephone number	Date	Mark an **X** if self-employed ☐	Preparer's SSN or PTIN
	Preparer's firm name *(or yours, if self-employed)*	Address			Preparer's EIN

Payroll service name | Payroll service's EIN

Unemployment insurance (UI) payment details (Account saved ☐)

Payment date 07/14/2016	Account type **Business checking**
Bank name **HSBC BANK USA, N.A.**	Bank routing number 021001088
Account holder **Veratex Inc.**	Account number XXXXX0282
Amount due ($) 32.04	Payment amount ($) 32.04

Withholding tax (WT) payment details (Account saved ☐)

Payment date	Account type
Bank name	Bank routing number
Account holder	Account number
Amount due ($) 0.00	Payment amount ($)

Transaction details

Confirmation number 64921182774	Transaction date/time 07/14/2016 02:29 PM
Submitted by **Wei Chang**	

DLN: 64921182774

(07/16) V6

Part C

Employee Wage and Withholding

Employer legal name:	Withholding identification number
VERATEX INC.	13-2804148

(Showing 1 - 4 of 4 empolyees)

Quarterly employee/payee wage reporting information

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 UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld
XXX-XX-5410	Chang, Wei	15,085.20	R	
XXX-XX-1158	Simon, Claude	17,000.01	R	
XXX-XX-5969	D'Alessio, Claudio	10,800.07	R	
XXX-XX-3469	Simon, Carolyn	1,885.00	R	
Totals *(see instructions)*		44,770.00		

NYS-45 Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return

Taxpayer ID: **13-2804148** Taxpayer Name: **VERATEX INC.**

Transaction Confirmation

The New York State Tax Department received your transaction.

- Select **Print** to print this confirmation page for your records.
- Select **View/Print Form** to save or print a copy of the form you filed for your records.

Confirmation

Confirmation number:	**64921182774**
Transaction date/time:	**07/14/2016 02:29PM**
Quarter:	**04/01 - 06/30**
Year:	**2016**
Form:	**NYS-45**
Employer registration number:	**33-60096 2**
Part A total remuneration ($):	**44,770.00**
Part B total withheld ($):	**1,690.84**
Part C total wages ($):	**44,770.28**

Unemployment insurance (UI) payment details

Payment method:	**Pay from Bank Account**
Bank name:	**HSBC BANK USA, N.A.**
Bank routing number:	**021001088**
Bank account number:	**XXXXX0282**
Account type:	**Business checking**
Account holder:	**Veratex Inc.**
Account description:	
Due date:	**08/01/2016**
Payment date:	**07/14/2016**
Amount due ($):	**32.04**
Payment amount ($):	**32.04**

Web survey

Provide feedback about this online service through our Web Survey.

Print View/Print Form Close

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Standard Security Life Insurance Company

485 Madison Avenue, New York, NY 10022-5872

Telephone (646) 509-2100

Your agent is **COHEN PARTNERS, LLC.**
They can be reached at (212) 661-0465.

VERATEX INC
P.O. Box 682
NEW YORK, NY 10108

POLICY NUMBER: D29603-000

NEW YORK STATE DISABILITY BENEFITS QUARTERLY
PREMIUM BILLING FOR THE PERIOD ENDING: 6/30/16

PREMIUM IS DUE AND PAYABLE WITHIN 15 DAYS OF THE END OF THE BILLED QUARTER

Please visit www.sslicny.com to pay online.

PLEASE FILL IN THE TOTAL NUMBER OF EMPLOYEES AND MULTIPLY BY THE RESPECTIVE RATE

Month	Insured Persons			Rate		Premium
July	Males	2	X	$2 46	=	4.92
	Females	2	X	$5 36	=	10.72
August	Males	2	X	$2 46	=	4.92
	Females	2	X	$5 36	=	10.72
September	Males	2	X	$2 46	=	4.92
	Females	2	X	$5 36	=	10.72
				TOTAL PREMIUM DUE		46.92

** Note: A **$16 minimum** quarterly premium applies to any total premium that calculates below that amount. **

PLEASE SUBMIT POLICY CHANGES AND CORRESPONDENCE, SEPARATELY, TO THE ABOVE ADDRESS.

PLEASE MAKE YOUR CHECK PAYABLE TO STANDARD SECURITY LIFE INS. CO. OF NY. PUT YOUR POLICY NUMBER ON YOUR CHECK AND RETURN THIS NOTICE WITH YOUR REMITTANCE IN THE ENCLOSED SELF ADDRESSED ENVELOPE.

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
CHURCH STREET STATION
P O BOX 6240
NEW YORK, NY 10249-6240