

Form **941 for 2016: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2016) Department of the Treasury — Internal Revenue Service

950114
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 482**
Number Street Suite or room number

New York **NY** **10108**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Return for quarter ending on: **3/31/2016**

☐ 1: January, February, March
☐ 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	9723 . 06
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.

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

Cat. No. 170012

Form **941** (Rev. 1-2016)

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.

X Sign your
name here

Date / /

Print your
name herePrint your
title here

Best daytime phone

Paid Preparer Use OnlyCheck 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

**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 - ☐ Apr 1 - ☐ July 1 - ☒ Oct 1 - ☐
Mar 31 1 Jun 30 2 Sep 30 3 Dec 31 4 Year **16**
YYDo 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 **1.925 %** **36.83**

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

10/05/2016 16:01:25

Telephone number

Withholding
Identification number

13-2804148

DLN: 64921244737

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 ☒ 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	Account type
10/05/2016	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXXX0282
Amount due (\$)	Payment amount (\$)
32.04	32.04

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

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

Transaction details

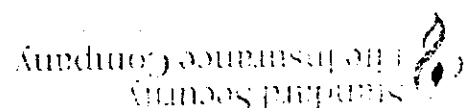
Confirmation number	Transaction date/time
64921244737	10/05/2016 04:01 PM
Submitted by	
Wei Chang	

Employee Wage and Withholding

(Showing 1 - 4 of 4 empolyees)

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.

44,770.00



185 Madison Avenue, New York, NY 10022-5872

Telephone (646) 509-2100

VERATEX INC
254 FIFTH AVE, 3RD FL.
NEW YORK, NY 10001

POLICY NUMBER: D29603-000

NEW YORK STATE DISABILITY BENEFITS QUARTERLY
PREMIUM BILLING FOR THE PERIOD ENDING 09/30/2015

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

Please visit www.sslifny.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	\$2.46	4.92
	Females 2	\$5.36	10.72
August	Males 2	\$2.46	4.92
	Females 2	\$5.36	10.72
September	Males 2	\$2.46	4.92
	Females 2	\$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

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