

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

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 2017
(Check one.)

☒ 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: <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	<input type="text" value="4"/>																				
2	Wages, tips, and other compensation	2	<input type="text" value="47770"/> <input type="text" value="28"/>																				
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="3246"/> <input type="text" value="88"/>																				
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></td> <td style="text-align: center;">Column 1</td> <td></td> <td style="text-align: center;">Column 2</td> </tr> <tr> <td>5a</td> <td>Taxable social security wages</td> <td><input type="text" value="47770"/> <input type="text" value="28"/></td> <td>$\times 0.124 =$ <input type="text" value="5923"/> <input type="text" value="51"/></td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td><input type="text"/></td> <td>$\times 0.124 =$ <input type="text"/></td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages & tips</td> <td><input type="text" value="47770"/> <input type="text" value="28"/></td> <td>$\times 0.029 =$ <input type="text" value="1385"/> <input type="text" value="34"/></td> </tr> <tr> <td>5d</td> <td>Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td><input type="text"/></td> <td>$\times 0.009 =$ <input type="text"/></td> </tr> </table>					Column 1		Column 2	5a	Taxable social security wages	<input type="text" value="47770"/> <input type="text" value="28"/>	$\times 0.124 =$ <input type="text" value="5923"/> <input type="text" value="51"/>	5b	Taxable social security tips	<input type="text"/>	$\times 0.124 =$ <input type="text"/>	5c	Taxable Medicare wages & tips	<input type="text" value="47770"/> <input type="text" value="28"/>	$\times 0.029 =$ <input type="text" value="1385"/> <input type="text" value="34"/>	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times 0.009 =$ <input type="text"/>
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5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="7308"/> <input type="text" value="85"/>																				
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="10555"/> <input type="text" value="73"/>																				
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/> <input type="text" value="-17"/>																				
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="10555"/> <input type="text" value="56"/>																				
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="10555"/> <input type="text" value="56"/>																				
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="10555"/> <input type="text" value="56"/>																				
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.																					

► 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. 1-2017)

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 (line 10 if the prior quarter was the fourth quarter of 2016) 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 (line 10 if the prior quarter was the fourth quarter of 2016) 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 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



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	<input checked="" type="checkbox"/>	Apr 1 - Jun 30	<input type="checkbox"/>	July 1 - Sep 30	<input type="checkbox"/>	Oct 1 - Dec 31	<input type="checkbox"/>	Year	17
	1	2	3	4				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 <input type="checkbox"/>

Part A – Unemployment insurance (UI) information

1. Total remuneration paid this quarter	47,770.00
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	13,185.00
3. Wages subject to contribution (subtract line 2 from line 1)	34,585.00
4. UI contributions due UI rate 1.225 %	423.67
5. Re-employment service fund (multiply line 3 x .00075)	25.94
6a. Interest on contributions	
6b. UI previously underpaid with interest	0.00
7. Total of lines 4, 5, 6a and 6b	449.61
8. Enter UI previously overpaid	0.00
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)	449.61
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	1,556.20
13. New York City tax withheld	350.64
14. Yonkers tax withheld	0.00
15. Total tax withheld (add lines 12, 13, and 14)	1,906.84
16. WT credit from previous quarter's return (see instr)	0.00
17. Form NYS-1 payments made for quarter	1,906.84
18. Total payments (add lines 16 and 17)	1,906.84
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)	449.61

* 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	47,770.00	Total number of employees	4
D. Total gross wages or distribution		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

Telephone number

04/10/2017 15:51:54

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	Preparer's SSN or PTIN
				self-employed	
	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
04/10/2017	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXX0282
Amount due (\$)	Payment amount (\$)
449.61	449.61

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
74920076712	04/10/2017 03:51 PM
Submitted by	
Wei Chang	

Part C**Employee Wage and Withholding**

Employer legal name:

VERATEX INC.

Withholding identification number

13-2804148

(Showing 1 - 4 of 4 employees)

Quarterly employee/payee wage reporting information

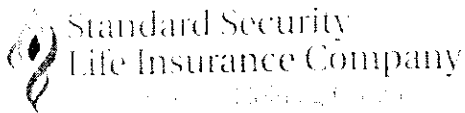
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter
XXX-XX-5410	Chang, Wei	16,585.20 R
XXX-XX-1158	Simon, Claude	17,000.01 R
XXX-XX-5969	D'Alessio, Claudio	12,300.07 R
XXX-XX-3469	Simon, Carolyn	1,885.00 R

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.

d Gross wages or distribution (see instructions)	e Total tax withheld
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Totals (see instructions)**47,770.00**



485 Madison Avenue, New York, NY 10022-5872

Telephone (646) 509-2100

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 3/31/2017**

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

Please visit www.sslcnny.com to pay online.

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

Month	Insured Persons		Rate	Premium
January	Males	<u>2</u> X	\$2.46 =	<u>4.92</u>
	Females	<u>2</u> X	\$5.36 =	<u>10.72</u>
February	Males	<u>2</u> X	\$2.46 =	<u>4.92</u>
	Females	<u>2</u> X	\$5.36 =	<u>10.72</u>
March	Males	<u>2</u> X	\$2.46 =	<u>4.92</u>
	Females	<u>2</u> X	\$5.36 =	<u>10.72</u>
TOTAL PREMIUM DUE				<u>46.92</u>

** 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.

PAYMENTS MADE ONLINE AT WWW.SSLICNY.COM WILL
POST IMMEDIATELY TO YOUR ACCOUNT.

*No delays.

*Quick one-time registration and setup.

*Website calculates your total due.

*Detailed payment receipt within seconds of completing
payment.

TO PAY BY CHECK:

Make check payable to: Standard Security Life Ins. Co. of NY
Please include policy number on check.

NOTE: checks received without this completed form will be
returned for backup information.

STANDARD SECURITY LIFE INS. CO. OF NY
P.O. BOX 6240, CHURCH STREET STATION
NEW YORK, NY 10249-6240