

**941 for 2017: 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 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](http://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	46320 . 28																				
3	Federal income tax withheld from wages, tips, and other compensation	3	3044 . 60																				
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"> <tr> <td></td> <td>Column 1</td> <td></td> <td>Column 2</td> </tr> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>46320 . 28</td> <td>5743 . 71</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>.</td> <td>.</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages &amp; tips</td> <td>46320 . 28</td> <td>1343 . 29</td> </tr> <tr> <td>5d</td> <td>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td>.</td> <td>.</td> </tr> </table>					Column 1		Column 2	5a	Taxable social security wages	46320 . 28	5743 . 71	5b	Taxable social security tips	.	.	5c	Taxable Medicare wages & tips	46320 . 28	1343 . 29	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	.
	Column 1		Column 2																				
5a	Taxable social security wages	46320 . 28	5743 . 71																				
5b	Taxable social security tips	.	.																				
5c	Taxable Medicare wages & tips	46320 . 28	1343 . 29																				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	.																				
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	7087 . 00																				
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	10131 . 60																				
7	Current quarter's adjustment for fractions of cents	7	. -16																				
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	10131 . 44																				
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	10131 . 44																				
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	10131 . 44																				
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	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. 17001Z

Form **941** (Rev. 1-2017)

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 3309 . 76

Month 2 3526 . 55

Month 3 3295 . 13

Total liability for quarter 10131 . 44

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 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

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

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	
<b>4</b>	<b>4</b>	<b>4</b>	Disaster relief

**Part A - Unemployment Insurance (UI) Information**

1. Total remuneration paid this quarter	<b>46,320.00</b>
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	<b>44,435.00</b>
3. Wages subject to contribution (subtract line 2 from line 1)	<b>1,885.00</b>
4. UI contributions due UI rate <b>1.225 %</b>	<b>23.09</b>
5. Re-employment service fund (multiply line 3 x .00075)	<b>1.41</b>
6a. Interest on contributions	
6b. UI previously underpaid with interest	<b>15.75</b>
7. Total of lines 4, 5, 6a and 6b	<b>40.25</b>
8. Enter UI previously overpaid	<b>0.00</b>
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)	<b>40.25</b>
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	<b>1,463.83</b>
13. New York City tax withheld	<b>350.64</b>
14. Yonkers tax withheld	<b>0.00</b>
15. Total tax withheld (add lines 12, 13, and 14)	<b>1,814.47</b>
16. WT credit from previous quarter's return (see instr.)	<b>0.00</b>
17. Form NYS-1 payments made for quarter	<b>1,814.47</b>
18. Total payments (add lines 16 and 17)	<b>1,814.47</b>
19. Total WT amounts due (if line 15 is greater than line 18, enter difference)	<b>0.00</b>
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b) *	<b>0.00</b>
20a. Apply to outstanding liabilities and/or refund	
20b. Credit to next quarter withholding tax	
21. Total payment due (add lines 9 and 19)	<b>40.25</b>

\* 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	<b>46,320.00</b>	Total number of employees	<b>4</b>
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

10/04/2017 12:21:52

Withholding  
identification number **13-2804148**

DLN: 74920218059

**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

**10/04/2017**

Bank name

**HSBC BANK USA, N.A.**

Account holder

**Veratex Inc.**

Amount due (\$)

**40.25**

Account type

**Business checking**

Bank routing number

**021001088**

Account number

**XXXXX0282**

Payment amount (\$)

**40.25**

**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

**74920218059**

Submitted by

**Wei Chang**

Transaction date/time

**10/04/2017 12:21 PM**

**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****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	16,585.20	R	
XXX-XX-1158	Simon, Claude	17,000.01	R	
XXX-XX-5969	D'Alessio, Claudio	10,850.07	R	
XXX-XX-3469	Simon, Carolyn	1,885.00	R	

**Totals (see instructions)****46,320.00**



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 9/30/2017**

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

Please visit [www.sslicny.com](http://www.sslicny.com) to pay online.

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

<u>Month</u>	<u>Insured Persons</u>		<u>Rate</u>		<u>Premium</u>
July	Males	<u>2</u>	X	\$2.46	= <u>4.92</u>
	Females	<u>2</u>	X	\$5.36	= <u>10.72</u>
August	Males	<u>2</u>	X	\$2.46	= <u>4.92</u>
	Females	<u>2</u>	X	\$5.36	= <u>10.72</u>
September	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](http://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