

941 for 2017: Employer's QUARTERLY Federal Tax Return
 Form 941 (Rev. January 2017)
 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.

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

2 Wages, tips, and other compensation 2 28

3 Federal income tax withheld from wages, tips, and other compensation 3 60

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	46320 <input type="text" value="28"/> <input type="text" value="0.124"/> =	5743 <input type="text" value="71"/>
5b Taxable social security tips	<input type="text" value="0"/> <input type="text" value="0.124"/> =	<input type="text" value="0"/>
5c Taxable Medicare wages & tips	46320 <input type="text" value="28"/> <input type="text" value="0.029"/> =	1343 <input type="text" value="29"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="0"/> <input type="text" value="0.009"/> =	<input type="text" value="0"/>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		5e <input type="text" value="7087"/> 00
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		5f <input type="text" value="0"/>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		6 <input type="text" value="10131"/> 60
7 Current quarter's adjustment for fractions of cents		7 <input type="text" value="0"/> -16
8 Current quarter's adjustment for sick pay		8 <input type="text" value="0"/>
9 Current quarter's adjustments for tips and group-term life insurance		9 <input type="text" value="0"/>
10 Total taxes after adjustments. Combine lines 6 through 9		10 <input type="text" value="10131"/> 44
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		11 <input type="text" value="0"/>
12 Total taxes after adjustments and credits. Subtract line 11 from line 10		12 <input type="text" value="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 <input type="text" value="10131"/> 44
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 <input type="text" value="0"/>	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

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.

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	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

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

* 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	46,320.00
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

Telephone number

10/04/2017 12:21:52

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	Account type
10/04/2017	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXX0282
Amount due (\$)	Payment amount (\$)
40.25	40.25

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
74920218059	10/04/2017 12:21 PM
Submitted by	
Wei Chang	

Part C

Employee Wage and Withholding

Employer legal name:

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

XXX-XX-5410

Chang, Wei

16.585,20 R

XXX-XX-1158

Simon, Claude

17.000,01 R

XXX-XX-3469

Simon, Carolyn

1885.00 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 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	2	X	\$2.46	=	<u>4.92</u>
	Females	2	X	\$5.36	=	<u>10.72</u>
August	Males	2	X	\$2.46	=	<u>4.92</u>
	Females	2	X	\$5.36	=	<u>10.72</u>
September	Males	2	X	\$2.46	=	<u>4.92</u>
	Females	2	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