

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) <input type="text"/> | | | | | | | | | | | |
| 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 date (e.g., 04/17/2017) |
| <input type="checkbox"/> 1: January, February, March |
| <input checked="" type="checkbox"/> 2: April, May, June |
| <input type="checkbox"/> 3: July, August, September |
| <input type="checkbox"/> 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.

- 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**
- Wages, tips, and other compensation** **2** **46270** **28**
- Federal income tax withheld from wages, tips, and other compensation** **3** **3037** **63**
- If no wages, tips, and other compensation are subject to social security or Medicare tax** **Check and go to line 6.**
- Taxable social security wages** **5a** **46270** **28** $\times 0.124 =$ **5737** **51**
- Taxable social security tips** **5b** $\times 0.124 =$
- Taxable Medicare wages & tips** **5c** **46270** **28** $\times 0.029 =$ **1341** **84**
- Taxable wages & tips subject to Additional Medicare Tax withholding** $\times 0.009 =$
- Add Column 2 from lines 5a, 5b, 5c, and 5d** **5e** **7079** **35**
- Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)** **5f**
- Total taxes before adjustments. Add lines 3, 5e, and 5f** **6** **10116** **98**
- Current quarter's adjustment for fractions of cents** **7** **-17**
- Current quarter's adjustment for sick pay** **8**
- Current quarter's adjustments for tips and group-term life insurance** **9**
- Total taxes after adjustments. Combine lines 6 through 9** **10** **10116** **81**
- Qualified small business payroll tax credit for increasing research activities. Attach Form 8974** **11**
- Total taxes after adjustments and credits. Subtract line 11 from line 10** **12** **10116** **81**
- Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PM), 944-X, or 944-X (SP) filed in the current quarter** **13** **10116** **81**
- Balance due. If line 12 is more than line 13, enter the difference and see instructions** **14** **0**
- Overpayment. If line 13 is more than line 12, 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. 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 3295 • 13

Month 2 3295 • 13

Month 3 3526 • 55

Total liability for quarter 10116 • 81 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

**NYS-1 WebReturn of Tax Withheld****Withholding Identification number**

13-2804148

Employer's legal name: VERATEX INC.

A Last payroll date - Enter date of last payroll covered by this return (MMDDYY) **06/30/17**

A If you permanently ceased paying wages, enter date of final payroll (MMDDYY)

C Mark an X in the box for additional payment

Payment details (Account saved)

Bank routing number

021001088

Bank name

HSBC BANK USA, N.A.

Bank account number

XXXXXX0282

Account type

Business Checking

Account holder

Veratex Inc.**Transaction details**

Confirmation number

WTWF1707117494283

Tax Professional ID:

Submitted by

Wei Chang

| | | |
|----------|--------------------------------------|------------------|
| 1 | New York State tax withheld | 507.59 |
| 2 | New York City tax withheld | 116.88 |
| 3 | Yonkers tax withheld | 0.00 |
| 4 | Total withheld (add lines 1, 2, & 3) | 624.47 |
| 5 | Credit claimed | 0.00 |
| | Total tax due (line 4 minus line 5) | \$ 624.47 |

Payment method
Pay from bank accountPayment for
NYS-1Payment date
07/11/2017Amount due
624.47Payment amount
624.47Transaction date/time
07/11/2017 02:25 PM

Tax Professional name:



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.

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.

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 | 46,270.00 |
| 2. Remuneration paid this quarter to in excess of the UI wage base since January 1 | 44,385.00 |
| 3. Wages subject to contribution (subtract line 2 from line 1) | 1,885.00 |
| 4. UI contributions due UI rate 1.325 % | 23.09 |
| 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 | 24.50 |
| 8. Enter UI previously overpaid | 15.75 |
| 9. Total UI amount due (if line 7 is greater than line 8, enter difference) | 8.75 |
| 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 | 1,460.65 |
| 13. New York City tax withheld | 350.64 |
| 14. Yonkers tax withheld | 0.00 |
| 15. Total tax withheld (add lines 12, 13, and 14) | 1,811.29 |
| 16. WT credit from previous quarter's return (see instr.) | 0.00 |
| 17. Form NYS-1 payments made for quarter | 1,811.29 |
| 18. Total payments (add lines 16 and 17) | 1,811.29 |
| 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) | 8.75 |

* 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 | 46,270.00 | 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

07/11/2017 14:39:34

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 payroll24. Did you sell or transfer all or part of your business? Yes NoIf Yes, indicate if sale or transfer was in Whole or Part

| | | | | | |
|---------------------------|---|------------------|------|-----------------------|------------------------|
| Paid preparer's use | Preparer's signature | Telephone number | Date | Mark as 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 |
| 07/11/2017 | Business checking |
| Bank name | Bank routing number |
| HSBC BANK USA, N.A. | 021001088 |
| Account holder | Account number |
| Veratex Inc. | XXXXX0282 |
| Amount due (\$) | Payment amount (\$) |
| 8.75 | 8.75 |

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 |
| 74920155071 | 07/11/2017 02:39 PM |
| Submitted by | |
| Wei Chang | |



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 12/31/2016

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> |
|-------------------|------------------------|---|-------------|--------|----------------|
| October | Males | 2 | X | \$2.46 | = |
| | Females | 2 | X | \$5.36 | = |
| November | Males | 2 | X | \$2.46 | = |
| | Females | 2 | X | \$5.36 | = |
| December | Males | 2 | X | \$2.46 | = |
| | Females | 2 | X | \$5.36 | = |
| 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