

Form 941 for 2017: Employer's QUARTERLY Federal Tax Return  
 (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](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  47270  27

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

3  3233  69

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	47270 <input type="text"/> 27	$\times 0.124 =$	5861 <input type="text"/> 51
5b Taxable social security tips	<input type="text"/>	$\times 0.124 =$	<input type="text"/>
5c Taxable Medicare wages & tips	47270 <input type="text"/> 27	$\times 0.029 =$	1370 <input type="text"/> 84
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times 0.009 =$	<input type="text"/>

5e Add Column 2 from lines 5a, 5b, 5c, and 5d

5e  7232  35

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  10466  04

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  10465  87

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  10465  87

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  10465  87

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:  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)

Employer identification number (EIN)

13-2804148

Veratex Inc.

## 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	3395 - 13
Month 2	3395 - 30
Month 3	3775 - 44
Total liability for quarter	10465 - 87

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

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Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

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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

--

Date

/ /

Print your name here

--

Print your title here

--

Best daytime phone

--

Check if you are self-employed 

PTIN

--

Date

/ /

EIN

--

Phone

--

ZIP code

--

## Paid Preparer Use Only

Preparer's name

--

Preparer's signature

--

Firm's name (or yours if self-employed)

--

Address

--

City

	State	
--	-------	--

Form 940 for 2017: Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN)	1	3	-	2	8	0	4	1	4	8	
Name (not your trade name)											
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						

Type of Return  
(Check all that apply.)

- a. Amended
- b. Successor employer
- c. No payments to employees in 2017
- d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation.
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer.
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION

1a  N  Y

1b  Check here.

2  Check here.

Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees

3  187631 • 11

4 Payments exempt from FUTA tax

4  \_\_\_\_\_

4e  Other

Check all that apply: 4a  Fringe benefits

4b  Group-term life insurance

4c  Retirement/Pension

4e  Other

5 Total of payments made to each employee in excess of \$7,000

5  159631 • 11

6 Subtotal (line 4 + line 5 = line 6)

6  159631 • 11

7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions.

7  28000 • 00

8 FUTA tax before adjustments (line 7 x 0.006 = line 8)

8  168 • 00

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12

9  \_\_\_\_\_

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet

10  \_\_\_\_\_

11 If credit reduction applies, enter the total from Schedule A (Form 940)

11  \_\_\_\_\_

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)

12  168 • 00

13 FUTA tax deposited for the year, including any overpayment applied from a prior year

13  168 • 00

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.

- If line 14 is more than \$500, you must deposit your tax.
- If line 14 is \$500 or less, you may pay with this return. See instructions

14  0 •

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below

15  \_\_\_\_\_

► You MUST complete both pages of this form and SIGN it.

Check one:  Apply to next return.  Send a refund.

Name (not your trade name)

Veratex Inc.

Employer identification number (EIN)

13-2804148

## Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 – March 31) 16a

16b 2nd quarter (April 1 – June 30) 16b

16c 3rd quarter (July 1 – September 30) 16c

16d 4th quarter (October 1 – December 31) 16d

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17

Total must equal line 12.

## Part 6: 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 IRS

No.

## Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. 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



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** 2Withholding 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
1	2	3	4	17 YY

Do you offer dependent health insurance benefits to any employee?  Yes  NoIf seasonal employer, mark an X in the box 

a. First month	b. Second month	c. Third month	4
4	4	4	4

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

1. Total remuneration paid this quarter	<b>47,270.00</b>
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	<b>45,385.00</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	<b>0.00</b>
6b. UI previously underpaid with interest	<b>0.00</b>
7. Total of lines 4, 5, 6a and 6b	<b>24.50</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>24.50</b>
10. Total UI overpaid (if line 8 is greater than line 7, enter the difference)	<b>0.00</b>

**Part B - Withholding tax (WT) Information**

12. New York State tax withheld	<b>482.59</b>
13. New York City tax withheld	<b>101.73</b>
14. Yonkers tax withheld	<b>0.00</b>
15. Total tax withheld (add lines 12, 13, and 14)	<b>584.32</b>
16. WT credit from previous quarter's return (see instr.)	<b>0.00</b>
17. Form NYS-1 payments made for quarter	<b>584.32</b>
18. Total payments (add lines 16 and 17)	<b>584.32</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	<b>24.50</b>
21. Total payment due (add lines 9 and 19)	<b>24.50</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>47,270.00</b>
D Total gross wages or distribution	<b>187,631.11</b>

Total number of employees **7,429.77**

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

01/08/2018 11:10:37

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

<b>Paid preparer's use</b>	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
<b>01/08/2018</b>	<b>Business checking</b>
Bank name	Bank routing number
<b>HSBC BANK USA, N.A.</b>	<b>021001088</b>
Account holder	Account number
<b>Veratex Inc.</b>	<b>XXXXX0282</b>
Amount due (\$)	Payment amount (\$)
<b>24.50</b>	<b>24.50</b>

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

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

#### Transaction details

Confirmation number	Transaction date/time
<b>84920286604</b>	<b>01/08/2018 11:10 AM</b>
Submitted by	
<b>Wei Chang</b>	

### 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**

**Totals (see instructions)**

47,270.00

187,631.11

7,429.77



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 12/31/2017**

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>
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.**

<p>PAYMENTS MADE ONLINE AT <a href="http://WWW.SSLICNY.COM">WWW.SSLICNY.COM</a> WILL POST IMMEDIATELY TO YOUR ACCOUNT.</p> <p>*No delays.</p> <p>*Quick one-time registration and setup.</p> <p>*Website calculates your total due.</p> <p>*Detailed payment receipt within seconds of completing payment.</p>	<p>TO PAY BY CHECK:</p> <p>Make check payable to: Standard Security Life Ins. Co. of NY ***Please include policy number on check.***</p> <p>NOTE: checks received without this completed form will be returned for backup information.</p> <p>STANDARD SECURITY LIFE INS. CO. OF NY P.O. BOX 6240, CHURCH STREET STATION NEW YORK, NY 10249-6240</p>
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