

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.

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		<input type="checkbox"/> Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	47270 . 27	$\times 0.124 =$	5861 . 51
5b Taxable social security tips	.	$\times 0.124 =$.
5c Taxable Medicare wages & tips	47270 . 27	$\times 0.029 =$	1370 . 84
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$.
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			7232 . 35
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			.
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			10466 . 04
7 Current quarter's adjustment for fractions of cents			. -17
8 Current quarter's adjustment for sick pay			.
9 Current quarter's adjustments for tips and group-term life insurance			.
10 Total taxes after adjustments. Combine lines 6 through 9			10465 . 87
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			.
12 Total taxes after adjustments and credits. Subtract line 11 from line 10			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			10465 . 87
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			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)

Employer identification number (EIN)

Veratex Inc.

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 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

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 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 . 1a N Y
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . 1b ☐ Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . 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 _____
- Check all that apply: 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 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
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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.

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



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

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 **47,270.00**

2. Remuneration paid this quarter to in excess of the UI wage base since January 1 **45,385.00**

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

6b. UI previously underpaid with interest **0.00**

7. Total of lines 4, 5, 6a and 6b **24.50**

8. Enter UI previously overpaid **0.00**

9. Total UI amounts due (if line 7 is greater than line 8, enter difference) **24.50**

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 **482.59**

13. New York City tax withheld **101.73**

14. Yonkers tax withheld **0.00**

15. Total tax withheld (add lines 12, 13, and 14) **584.32**

16. WT credit from previous quarter's return (see instr.) **0.00**

17. Form NYS-1 payments made for quarter **584.32**

18. Total payments (add lines 16 and 17) **584.32**

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) **24.50**

* 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 **47,270.00**

D Total gross wages or distribution **187,631.11**

Total number of employees **4**

E Total tax withheld **7,429.77**

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

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

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
84920286604	01/08/2018 11:10 AM
Submitted by	
Wei Chang	

Employee Wage and Withholding

Withholding identification number

13-2804148

Quarterly employee/payee wage reporting information

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.

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 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	<u>2</u>	X	\$2.46	= <u>4.92</u>
	Females	<u>2</u>	X	\$5.36	= <u>10.72</u>
November	Males	<u>2</u>	X	\$2.46	= <u>4.92</u>
	Females	<u>2</u>	X	\$5.36	= <u>10.72</u>
December	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