



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 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 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**

Preparer's name

Check if you are self-employed

PTIN

Date

EIN

Phone

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	1	July 1 - Sep 30	2	Oct 1 - Dec 31	3	Year	<b>18</b>
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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	4	4	4	Disaster relief
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## 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>12,085.00</b>
3. Wages subject to contribution (subtract line 2 from line 1)	<b>35,185.00</b>
4. UI contributions due UI rate <b>0.825 %</b>	<b>290.28</b>
5. Re-employment service fund (multiply line 3 x .00075)	<b>26.39</b>
6a. Interest on contributions	
6b. UI previously underpaid with interest	<b>0.00</b>
7. Total of lines 4, 5, 6a and 6b	<b>316.67</b>
8. Enter UI previously overpaid	<b>0.00</b>
9. <b>Total UI amounts due (if line 7 is greater than line 8, enter difference)</b>	<b>316.67</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>1,524.35</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>1,874.99</b>
16. WT credit from previous quarter's return (see instr)	<b>0.00</b>
17. Form NYS-1 payments made for quarter	<b>1,874.99</b>
18. Total payments (add lines 16 and 17)	<b>1,874.99</b>
19. <b>Total Wt amounts due (if line 15 is greater than line 18, enter difference)</b>	<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. <b>Total payment due (add lines 9 and 19)</b>	<b>316.67</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>	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

04/13/2018 12:43:05

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>04/13/2018</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>316.67</b>	<b>316.67</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>	

### Transaction details

Confirmation number	Transaction date/time
<b>84920356989</b>	<b>04/13/2018 12:43 PM</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**

**a Social security number      b Last name, first name, middle initial**

**c UI total remuneration/gross wages paid this quarter**

### 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.

**d** Gross wages or distribution  
(see instructions)

**Total tax withheld**

**Totals (see instructions)**

47,270.00



485 Madison Avenue, New York, NY 10022  
646-509-2100

**Quarterly Premium Invoice for Period Ending: 3/31/2018**

VERATEX INC  
P.O. BOX 682  
NEW YORK, NY 10108

**MESSAGE:**

Premium is due and payable on or before 4/30/2018.

All sections of premium notice must be completed.  
Failure to do so will result in processing delay.

**Policy #:** D29603-000

DBL Quarterly Premium Calculation											
Employees	Jan	+	Feb	+	Mar	=	Total Lives	X	Rate	=	Premium Due
# Males	2	+	2	+	2	=	6	x	2.46	=	14.76
# Females	2	+	2	+	2	=	6	x	5.36	=	32.16
The minimum DBL premium amount is \$16.00.											
						Total DBL	A	46.92			

**Total DBL & PFL Premium Due**

Write the DBL & PFL Premium Due in the applicable boxes below to calculate the Total Premium Due.

Total DBL	A	46.92
Total PFL	B	38.14
Total Due (A+B)		85.06

PFL Quarterly Premium Calculation										
	# of Lives	Quarterly Payroll (Subject to Premium Rate)		Premium Due						
Male	1	11800		Rate	=	Premium Due				
Female	2	18470.19								
Total Payroll		30270.19	x	.00126	=	B	38.14			

The PFL Quarterly Premium Due is calculated by multiplying the rate of .00126 by the quarterly payroll that is subject to the premium rate. The Quarterly Payroll is defined as an employee's wage, including bonuses and commissions, up to and not to exceed \$67,908 per employee, per year, as reported to the State of New York on Form NYS-45-ATT (Quarterly Combined Withholding Report).

**TO PAY ONLINE:**

- ✓ Visit [WWW.SSLICNY.COM](http://WWW.SSLICNY.COM)
- ✓ Click on "Quick Service"
- ✓ **No delays – payment posts immediately to account**
- ✓ Quick, one-time registration and set-up
- ✓ Website calculates your total premium due
- ✓ Detailed payment receipt within seconds of completed payment

**TO PAY BY CHECK:**

- ✓ Check payable to: **Standard Security Life Ins. Co. of NY**
- ✓ Include policy # on check
- ✓ Be sure to include invoice or check will be returned
- ✓ Mail check, with completed invoice, to:  
**Standard Security Life Insurance Company of New York**  
**P.O. Box 2875**  
**Clinton, IA 52733-2875**

