

Form **941 for 2018: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2018) Department of the Treasury — Internal Revenue Service

950117  
OMB No. 1545-0029

Employer identification number (EIN)   -

Name (not your trade name)

Trade name (if any)

Address   
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2018  
(Check one)

☐ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☒ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

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	<input type="text" value="4"/>
2	Wages, tips, and other compensation	2	<input type="text" value="47520"/> <input type="text" value="20"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="3173"/> <input type="text" value="85"/>
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 <input type="text" value="47520"/> <input type="text" value="20"/>	$\times 0.124 =$	<input type="text" value="5892"/> <input type="text" value="50"/>
5b	Taxable social security tips <input type="text"/>	$\times 0.124 =$	<input type="text"/>
5c	Taxable Medicare wages & tips <input type="text" value="475200"/> <input type="text" value="20"/>	$\times 0.029 =$	<input type="text" value="1378"/> <input type="text" value="09"/>
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	<input type="text" value="7270"/> <input type="text" value="59"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="10444"/> <input type="text" value="44"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/> <input type="text" value="01"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="10444"/> <input type="text" value="45"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<input type="text" value="10444"/> <input type="text" value="45"/>
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="10444"/> <input type="text" value="45"/>
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"/>	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. 170012

Form **941** (Rev. 1-2018)

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 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 3339. 00

Month 2 3339. 00

Month 3 3766. 45

Total liability for quarter 10444. 45

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 2018: 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)	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/country				Foreign postal code					

## Type of Return

(Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2018
- ☐ 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 . 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 187330 . 80
- 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 159330 . 80
- 6 Subtotal (line 4 + line 5 = line 6) . 6 159330 . 80
- 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)

Employer identification number (EIN)

Veratex Inc.

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.

**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.

 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	<b>18</b>
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

## 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
<b>4</b>	<b>4</b>	<b>4</b>

Disaster relief

## Part A - Unemployment Insurance (UI) Information

1. Total remuneration paid this quarter	<b>47,520.00</b>
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	<b>45,635.00</b>
3. Wages subject to contribution (subtract line 2 from line 1)	<b>1,885.00</b>
4. UI contributions due UI rate <b>0.825</b> %	<b>15.55</b>
5. Re-employment service fund (multiply line 3 x .00075)	<b>1.41</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>16.96</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>16.96</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>1,568.49</b>
13. New York City tax withheld	<b>367.74</b>
14. Yonkers tax withheld	<b>0.00</b>
15. Total tax withheld (add lines 12, 13, and 14)	<b>1,936.23</b>
16. WT credit from previous quarter's return (see instr.)	<b>0.00</b>
17. Form NYS-1 payments made for quarter	<b>1,936.23</b>
18. Total payments (add lines 16 and 17)	<b>1,936.23</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	
21. Total payment due (add lines 9 and 19)	<b>16.96</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>47,520.00</b>	Total number of employees	<b>4</b>
D Total gross wages or distribution	<b>187,330.80</b>	E Total tax withheld	<b>7,433.78</b>

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

01/11/2019 14:09:50

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

Preparer's signature	Telephone number	Date	Mark an X if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
<b>Paid preparer's use</b>	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 <b>01/11/2019</b>	Account type <b>Business checking</b>
Bank name <b>HSBC BANK USA, N.A.</b>	Bank routing number <b>021001088</b>
Account holder <b>Veratex Inc.</b>	Account number <b>XXXXX0282</b>
Amount due (\$) <b>16.96</b>	Payment amount (\$) <b>16.96</b>

**Withholding tax (WT) payment details** (Account saved ☐)

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

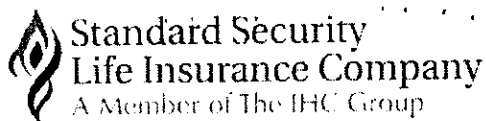
**Transaction details**

Confirmation number <b>94920563020</b>	Transaction date/time <b>01/11/2019 02:09 PM</b>
Submitted by <b>Wei Chang</b>	

## Employee Wage and Withholding

**(Showing 1 - 4 of 4 empolyees)**

**Totals** (see instructions)



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

**Quarterly Premium Invoice for Period Ending: 12/31/2018**

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

MESSAGE:

**Policy #: D29603-000**

DBL Quarterly Premium Calculation										
Employees	Oct	+	Nov	+	Dec	=	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

PFL Quarterly Premium Calculation					
	# of Lives	Quarterly Payroll (Subject to Premium Rate)			
Male	2	12050.00			
Female	2	18470.19			
Total Payroll		30520.19	x	.00126	= B 32.46

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).

**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	32.46
Total Due (A+B)		85.38

**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

