

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2020) Department of the Treasury - Internal Revenue Service

**950117**  
OMB No. 1545-0029

Employer identification number (EIN) **13-2804148**

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 2020**  
(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	<b>7</b>																				
2	Wages, tips, and other compensation	2	<b>45720 . 20</b>																				
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>4741 . 91</b>																				
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.																					
<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Column 1</td> <td></td> <td style="text-align: center;">Column 2</td> </tr> <tr> <td>5a</td> <td>Taxable social security wages</td> <td><b>45720 . 20</b></td> <td><math>\times 0.124 =</math> <b>5669 . 30</b></td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td><b>.</b></td> <td><math>\times 0.124 =</math> <b>.</b></td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages &amp; tips</td> <td><b>45720 . 20</b></td> <td><math>\times 0.029 =</math> <b>1325 . 89</b></td> </tr> <tr> <td>5d</td> <td>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td><b>.</b></td> <td><math>\times 0.009 =</math> <b>.</b></td> </tr> </table>					Column 1		Column 2	5a	Taxable social security wages	<b>45720 . 20</b>	$\times 0.124 =$ <b>5669 . 30</b>	5b	Taxable social security tips	<b>.</b>	$\times 0.124 =$ <b>.</b>	5c	Taxable Medicare wages & tips	<b>45720 . 20</b>	$\times 0.029 =$ <b>1325 . 89</b>	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<b>.</b>	$\times 0.009 =$ <b>.</b>
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5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<b>.</b>	$\times 0.009 =$ <b>.</b>																				
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<b>6995 . 19</b>																				
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<b>.</b>																				
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>11737 . 10</b>																				
7	Current quarter's adjustment for fractions of cents	7	<b>. 1</b>																				
8	Current quarter's adjustment for sick pay	8	<b>.</b>																				
9	Current quarter's adjustments for tips and group-term life insurance	9	<b>.</b>																				
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>11737 . 11</b>																				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<b>.</b>																				
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<b>11737 . 11</b>																				
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	<b>11737 . 11</b>																				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<b>0 .</b>																				
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. 1-2020)

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 3685. 26

Month 2 3981. 71

Month 3 4070. 14

Total liability for quarter 11737. 11 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

*Wei Chang*

Print your name here

Wei Chang

Print your title here

212-683-9300

Date 4/24/20

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>20</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	Disaster relief
<b>4</b>	<b>4</b>	<b>5</b>	

**Part A - Unemployment insurance (UI) information**

1. Total remuneration paid this quarter .....	<b>45,720.00</b>
2. Remuneration paid this quarter to in excess of the UI wage base since January 1 .....	<b>10,385.00</b>
3. Wages subject to contribution (subtract line 2 from line 1) .....	<b>35,335.00</b>
4. UI contributions due UI rate ..... <b>0.525</b> %	<b>185.51</b>
5. Re-employment service fund (multiply line 3 x .00075) .....	<b>26.50</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>212.01</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>212.01</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>1,900.92</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>2,251.56</b>
16. WT credit from previous quarter's return (see instr.) .....	<b>0.00</b>
17. Form NYS-1 payments made for quarter .....	<b>2,251.56</b>
18. Total payments (add lines 16 and 17) .....	<b>2,251.56</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>212.01</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>45,720.00</b>	Total number of employees .....	<b>5</b>
D Total gross wages or distribution .....	<b>45,720.19</b>	E Total tax withheld .....	<b>2,251.56</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

04/03/2020 14:04:02

**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
04/03/2020	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXX0282
Amount due (\$)	Payment amount (\$)
212.01	212.01

**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
04920872112	04/03/2020 02:04 PM
Submitted by	
Wei Chang	

## Part C

## Employee Wage and Withholding

Employer legal name:

**VERATEX INC.**

**Withholding identification number**

**13-2804148**

**(Showing 1 - 5 of 5 employees)**

**Quarterly employee/payee wage reporting information**[illegible]

**Quarterly Premium Invoice for Period Ending: 3/31/2020**

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

**MESSAGE:**

As per New York State WCB regulations, your Form DB-120/PFL-120 Notice of Compliance must be updated annually. Your new form is now available for printing at <https://www.sslcnv.com/secure/login.aspx?GoTo=PostingNotice>. Please click Notice of Compliance on the Customer Services Menu and have your policy number and Federal ID number available. If you have any questions or require assistance obtaining the form, please contact this office.

**Policy #: D29603-000**

DBL Quarterly Premium Calculation										
Employees	Jan	+	Feb	+	Mar	=	Total Lives	X	Rate	= Premium Due
# Males	2	+	2	+	3	=	7	x	2.46	= 17.22
# Females	2	+	2	+	3	=	7	x	5.36	= 37.52
The minimum DBL premium amount is \$16.00.							Total DBL	A	54.74	

PFL Quarterly Premium Calculation						
	# of Lives	Quarterly Payroll (Subject to Premium Rate)				
Male	3	27250.00				
Female	2	18470.19				
Total Payroll			45720.19	x	.00270	= B 123.44

The PFL Quarterly Premium Due is calculated by multiplying the rate of .00270 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 \$72,860 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	54.74
Total PFL	B	123.44
Total Due (A+B)		178.18

**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

