

941 for 2020: Employer's QUARTERLY Federal Tax Return

Form (Rev. July 2020)

Department of the Treasury — Internal Revenue Service

950120

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 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 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: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	5
2	Wages, tips, and other compensation	2	28589 . 42
3	Federal income tax withheld from wages, tips, and other compensation	3	2900 . 46
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			
5a	Taxable social security wages	28589 . 42	$\times 0.124 =$ 3545 . 09
5a	(i) Qualified sick leave wages	■	$\times 0.062 =$ ■
5a	(ii) Qualified family leave wages	■	$\times 0.062 =$ ■
5b	Taxable social security tips	■	$\times 0.124 =$ ■
5c	Taxable Medicare wages & tips	28589 . 42	$\times 0.029 =$ 829 . 09
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\times 0.009 =$ ■
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	4374 . 18
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	7274 . 64
7	Current quarter's adjustment for fractions of cents	7	■
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	7274 . 64
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	■
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	■
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	■

► You MUST complete all three 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. 7-2020)

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
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Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12 7274 ■ 64
13a 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	13a 8742 ■ 27
13b Deferred amount of social security tax	13b
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c
13d Refundable portion of employee retention credit from Worksheet 1	13d
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e 8742 ■ 27
13f Total advances received from filing Form(s) 7200 for the quarter	13f
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g 8742 ■ 27
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14
15 Overpayment. If line 13g is more than line 12, enter the difference	1467 ■ 63

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

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're 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're a monthly schedule depositor, complete the deposit schedule below; if you're 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 4039 ■ 19

Month 2 4703 ■ 08

Month 3 0 ■ 0

Total liability for quarter 8742 ■ 27 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. Go to Part 3.

► You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
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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	<input type="checkbox"/> Check here, and enter the final date you paid wages <input type="text"/> / <input type="text"/> ; also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year	<input type="checkbox"/> Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages	19 <input type="text"/>
20 Qualified health plan expenses allocable to qualified family leave wages	20 <input type="text"/>
21 Qualified wages for the employee retention credit	21 <input type="text"/>
22 Qualified health plan expenses allocable to wages reported on line 21	22 <input type="text"/>
23 Credit from Form 5884-C, line 11, for this quarter	23 <input type="text"/>
24 Deferred amount of the employee share of social security tax included on line 13b	24 <input type="text"/>
25 Reserved for future use	25 <input type="text"/>

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 all three 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

Check if you're 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 2020: Employer's Annual Federal Unemployment (FUTA) Tax Return**

850113

Department of the Treasury — Internal Revenue Service

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/county	Foreign postal code

Type of Return
(Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2020

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	3 168,950 . 02
4 Payments exempt from FUTA tax	4
Check all that apply: 4a <input type="checkbox"/> Fringe benefits 4c <input type="checkbox"/> Retirement/Pension 4e <input type="checkbox"/> Other	
4b <input type="checkbox"/> Group-term life insurance 4d <input type="checkbox"/> Dependent care	
5 Total of payments made to each employee in excess of \$7,000	5 138950 . 02
6 Subtotal (line 4 + line 5 = line 6)	6 138950 . 02
7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions.	7 30000 . 00
8 FUTA tax before adjustments (line 7 x 0.006 = line 8)	8 180 . 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)	12 180 . 00
13 FUTA tax deposited for the year, including any overpayment applied from a prior year	13 180 . 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: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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 the 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



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	20
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
5	5	5

Disaster relief

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter	28,589.00
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	26,104.00
3. Wages subject to contribution (subtract line 2 from line 1)	2,485.00
4. UI contributions due UI rate 0.525 %	13.05
5. Re-employment service fund (multiply line 3 x .00075)	1.86
6a. Interest on contributions	
6b. UI previously underpaid with interest	0.00
7. Total of lines 4, 5, 6a and 6b	14.91
8. Enter UI previously overpaid	0.00
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)	14.91
10. Total UI overpaid (if line 8 is greater than line 7, enter the difference) *	

* An overpayment of either tax cannot be used to offset the amount due on the other tax.

Part B - Withholding tax (WT) information

12. New York State tax withheld	970.16
13. New York City tax withheld	367.74
14. Yonkers tax withheld	0.00
15. Total tax withheld (add lines 12, 13, and 14)	1,337.90
16. WT credit from previous quarter's return (see instr)	0.00
17. Form NYS-1 payments made for quarter	1,552.00
18. Total payments (add lines 16 and 17)	1,552.00
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) *	214.10
20a. Apply to outstanding liabilities and/or refund	
20b. Credit to next quarter withholding tax	<input checked="" type="checkbox"/>
21. Total payment due (add lines 9 and 19)	14.91

C Total UI total remuneration/gross wages paid this quarter

28,589.00

D Total gross wages or distribution

28,589.42

Total number of employees

5

E Total tax withheld

1,337.90

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

01/15/2021 12:55:22

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
01/15/2021	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXX0282
Amount due (\$)	Payment amount (\$)
14.91	14.91

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
14921065350	01/15/2021 12:55 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)

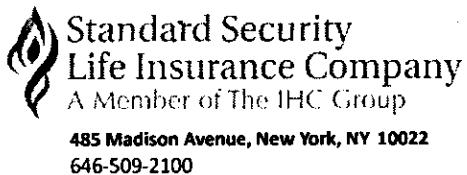
Quarterly employee/payee wage reporting information

Totals (see instructions)

28,589.00

28 589 42

1337-911



Your agent is **LLOYD S. BERKETT INSURANCE AGENCY INC.**
They can be reached at (310) 857-5757

Quarterly Premium Invoice for Period Ending: 12/31/2020

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	3	+	3	+	3	=	5	x	2.46	=	12.30
# Females	2	+	2	+	2	=	5	x	5.36	=	26.80
The minimum DBL premium amount is \$16.00.				Total DBL	A		39.10				

Total DBL & PFL Premium Due

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

PFL Quarterly Premium Calculation											
	# of Lives	Quarterly Payroll (Subject to Premium Rate)									
Male	2	10119.23		Rate	=	Premium Due					
Female	2	18470.19									
Total Payroll		28589.42		x	.00270	=	B	77.19			

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	A	39.10
Total PFL	B	77.19
Total Due (A+B)		116.29

TO PAY ONLINE:

- ✓ Visit 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

