

941 for 2021: Employer's QUARTERLY Federal Tax Return

Form (Rev. March 2021)

Department of the Treasury — Internal Revenue Service

950121

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			City	NY	State	10108	ZIP code				
Foreign country name			Foreign province/county			Foreign postal code					

Report for this Quarter of 2021
(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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1

2 Wages, tips, and other compensation 2

3 Federal income tax withheld from wages, tips, and other compensation 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages	37800 • 96	$37800 \times 0.124 = 4687 • 32$
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	37800 • 96	$37800 \times 0.029 = 1096 • 23$
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

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

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

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.

Next ➔

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 3-2021)

Name (not your trade name)

Veratex Inc.

Employer identification number (EIN)

13-2804148

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	10169 ■ 13
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	10169 ■ 13
13b Reserved for future use	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 and refundable credits. Add lines 13a, 13c, and 13d	13e	10169 ■ 13
13f Total advances received from filing Form(s) 7200 for the quarter	13f	■
13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g	10169 ■ 13
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	0 ■
15 Overpayment. If line 13g is more than line 12, enter the difference ■ Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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 3389 ■ 71

Month 2 3389 ■ 71

Month 3 3389 ■ 71

Total liability for quarter 10169 ■ 13 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)

Veratx Inc.

Employer identification number (EIN)

13-2804148

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 / /; 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 Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages 19

20 Qualified health plan expenses allocable to qualified family leave wages 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses allocable to wages reported on line 21 22

23 Credit from Form 5884-C, line 11, for this quarter 23

24 Reserved for future use 24

25 Reserved for future use 25

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

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			

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	6
2	Wages, tips, and other compensation	2	38113 ■ 01
3	Federal income tax withheld from wages, tips, and other compensation	3	4447 ■ 36
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.	

Check and go to line 6.

	Column 1	Column 2	
5a Taxable social security wages . . .	38113 . 01	$\times 0.124 =$	4726 . 01
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. . .	38113 . 01	$\times 0.029 =$	1105 . 28
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	5831 . 29
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	10278 . 65
7 Current quarter's adjustment for fractions of cents		7	■ . 3
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	10278 . 68
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.

Next 

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	10278 • 68
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	10278 • 68
13b Reserved for future use	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 and refundable credits. Add lines 13a, 13c, and 13d	13e	10278 • 68
13f Total advances received from filing Form(s) 7200 for the quarter	13f	•
13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g	10278 • 68
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	0 •
15 Overpayment. If line 13g is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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	3389 • 71
Month 2	3389 • 71
Month 3	3499 • 26
Total liability for quarter	10278 • 68

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) Veratx 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 Check here, and enter the final date you paid wages / ; 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 Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages 19

20 Qualified health plan expenses allocable to qualified family leave wages 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses allocable to wages reported on line 21 22

23 Credit from Form 5884-C, line 11, for this quarter 23

24 Reserved for future use 24

25 Reserved for future use 25

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.

X

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 **941 for 2022: Employer's QUARTERLY Federal Tax Return**
 (Rev. March 2022)

Department of the Treasury – Internal Revenue Service

750122

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					
						NY	10108				
				City	State	ZIP code					
				Foreign country name	Foreign province/county	Foreign postal code					

Report for this Quarter of 2022
 (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: **Mar. 12 (Quarter 1)**

1 **6**

2 Wages, tips, and other compensation

2 **29137.11**

3 Federal income tax withheld from wages, tips, and other compensation

3 **2387.16**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax

Check and go to line 6.

	Column 1	Column 2	
5a Taxable social security wages*	29137.11	$\times 0.124 =$	3613.00
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	29137.11	$\times 0.029 =$	844.98
5d Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\times 0.009 =$	■

**Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.*

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d **5e 4457.98**

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 6845.14**

7 Current quarter's adjustment for fractions of cents **7 .2**

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 6845.16**

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 for leave taken before April 1, 2021 **11b .**

11c Reserved for future use **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. 3-2022)

Next ►

Name (not your trade name)

Veratex Inc.

Employer identification number (EIN)

13-2804148

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 11d []

11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter) 11e []

11f Number of individuals provided COBRA premium assistance []

11g Total nonrefundable credits. Add lines 11a, 11b, 11d, and 11e 11g []

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 12 [] 6845 . 16

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 [] 6845 . 16

13b Reserved for future use 13b []

13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 13c []

13d Reserved for future use 13d []

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 13e []

13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter) 13f []

13g Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f 13g []

13h Reserved for future use 13h []

13i Reserved for future use 13i []

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14 [] 0 .

15 Overpayment. If line 13g is more than line 12, enter the difference [] 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 [] 2281 . 72

Month 2 [] 2281 . 72

Month 3 [] 2281 . 72

Total liability for quarter [] 6845 . 16 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

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 / ; 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 Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Reserved for future use 21

22 Reserved for future use 22

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

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

941 for 2022: Employer's QUARTERLY Federal Tax Return

Form (Rev. March 2022)

Department of the Treasury — Internal Revenue Service

950122

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 2022
(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: *Mar. 12 (Quarter 1)* 1 6

2 Wages, tips, and other compensation 2 34977 . 35

3 Federal income tax withheld from wages, tips, and other compensation 3 3697 . 13

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages*	34977 . 35	$34977 \times 0.124 = 4337 . 19$
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.	34977 . 35	$34977 \times 0.029 = 1014 . 34$
5d Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$

*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 5351 . 53

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 9048 . 66

7 Current quarter's adjustment for fractions of cents 7 1

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 9048 . 67

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 for leave taken before April 1, 2021 11b

11c Reserved for future use 11c

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

Next ►

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 3-2022)

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 Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d
11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	11e
11f Number of individuals provided COBRA premium assistance	
11g Total nonrefundable credits. Add lines 11a, 11b, 11d, and 11e	11g
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12 9048 . 67
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 9048 . 67
13b Reserved for future use	13b
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c
13d Reserved for future use	13d
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e
13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	13f
13g Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f	13g
13h Reserved for future use	13h
13i Reserved for future use	13i
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14 0 .
15 Overpayment. If line 13g is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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	3406 . 85
Month 2	3360 . 10
Month 3	2281 . 72
Total liability for quarter	9048 . 67

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.

Next ►

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
--	--

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 for leave taken before April 1, 2021	19 <input type="text"/>
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	20 <input type="text"/>
21 Reserved for future use	21 <input type="text"/>
22 Reserved for future use	22 <input type="text"/>
23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021	23 <input type="text"/>
24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23	24 <input type="text"/>
25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23	25 <input type="text"/>
26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021	26 <input type="text"/>
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26	27 <input type="text"/>
28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26	28 <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.

<input type="checkbox"/> Yes. Designee's name and phone number	<input type="text"/>	<input type="text"/>
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Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

<input type="checkbox"/> No.	<input type="text"/>
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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