

941 for 2021: Employer's QUARTERLY Federal Tax Return

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						NY	10108		
	City						State		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	5
2	Wages, tips, and other compensation	2	37800 . 96
3	Federal income tax withheld from wages, tips, and other compensation	3	4385 . 55
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	37800 . 96 × 0.124 =	4687 . 32
5a (i)	Qualified sick leave wages	× 0.062 =	.
5a (ii)	Qualified family leave wages	× 0.062 =	.
5b	Taxable social security tips	× 0.124 =	.
5c	Taxable Medicare wages & tips	37800 . 96 × 0.029 =	1096 . 23
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	.
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	5783 . 55
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	10169 . 10
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	10169 . 13
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
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Part 1: Answer these questions for this quarter. (continued)

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value=""/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="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	<input type="text" value="10169"/> 13
13b	Reserved for future use	13b	<input type="text" value=""/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c	<input type="text" value=""/>
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<input type="text" value=""/>
13e	Total deposits and refundable credits. Add lines 13a, 13c, and 13d	13e	<input type="text" value="10169"/> 13
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value=""/>
13g	Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g	<input type="text" value="10169"/> 13
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="0"/> 13
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value=""/> 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	<input type="text" value="3389"/> 71
Month 2	<input type="text" value="3389"/> 71
Month 3	<input type="text" value="3389"/> 71
Total liability for quarter	<input type="text" value="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.

Next ►

Name (not your trade name)

Employer identification number (EIN)

Veratx Inc.

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

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
 (Rev. March 2021) Department of the Treasury — Internal Revenue Service

950121
 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 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	<input type="text" value="6"/>
2	Wages, tips, and other compensation	2	<input type="text" value="38113.01"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="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.	

	Column 1		Column 2
5a	Taxable social security wages	<input type="text" value="38113.01"/> × 0.124 =	<input type="text" value="4726.01"/>
5a (i)	Qualified sick leave wages	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
5a (ii)	Qualified family leave wages	<input type="text" value="."/> × 0.062 =	<input type="text" value="."/>
5b	Taxable social security tips	<input type="text" value="."/> × 0.124 =	<input type="text" value="."/>
5c	Taxable Medicare wages & tips	<input type="text" value="38113.01"/> × 0.029 =	<input type="text" value="1105.28"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="."/> × 0.009 =	<input type="text" value="."/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="5831.29"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="10278.65"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="."/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value="."/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="10278.68"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value="."/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text" value="."/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text" value="."/>

► 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. 3-2021) **Next** ➔

Name (not your trade name)

Employer identification number (EIN)

Veratex Inc.

13-2804148

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value=""/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="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	<input type="text" value="10278"/> 68
13b	Reserved for future use	13b	<input type="text" value=""/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c	<input type="text" value=""/>
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<input type="text" value=""/>
13e	Total deposits and refundable credits. Add lines 13a, 13c, and 13d	13e	<input type="text" value="10278"/> 68
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value=""/>
13g	Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g	<input type="text" value="10278"/> 68
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="0"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value=""/>	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	<input type="text" value="3389"/> 71
	Month 2	<input type="text" value="3389"/> 71
	Month 3	<input type="text" value="3499"/> 26
Total liability for quarter		<input type="text" value="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.

Next ➔

Name (not your trade name)

Employer identification number (EIN)

Veratx Inc.

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

941 for 2022: Employer's QUARTERLY Federal Tax Return

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	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	<input type="checkbox"/> Check and go to line 6.																													
<table border="1"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a</td> <td>Taxable social security wages*</td> <td>29137. 11</td> <td>× 0.124 = 3613. 00</td> </tr> <tr> <td>5a (i)</td> <td>Qualified sick leave wages*</td> <td>.</td> <td>× 0.062 = .</td> </tr> <tr> <td>5a (ii)</td> <td>Qualified family leave wages*</td> <td>.</td> <td>× 0.062 = .</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>.</td> <td>× 0.124 = .</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages & tips.</td> <td>29137. 11</td> <td>× 0.029 = 844. 98</td> </tr> <tr> <td>5d</td> <td>Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td>.</td> <td>× 0.009 = .</td> </tr> </tbody> </table>					Column 1		Column 2	5a	Taxable social security wages*	29137. 11	× 0.124 = 3613. 00	5a (i)	Qualified sick leave wages*	.	× 0.062 = .	5a (ii)	Qualified family leave wages*	.	× 0.062 = .	5b	Taxable social security tips	.	× 0.124 = .	5c	Taxable Medicare wages & tips.	29137. 11	× 0.029 = 844. 98	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× 0.009 = .
	Column 1		Column 2																												
5a	Taxable social security wages*	29137. 11	× 0.124 = 3613. 00																												
5a (i)	Qualified sick leave wages*	.	× 0.062 = .																												
5a (ii)	Qualified family leave wages*	.	× 0.062 = .																												
5b	Taxable social security tips	.	× 0.124 = .																												
5c	Taxable Medicare wages & tips.	29137. 11	× 0.029 = 844. 98																												
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× 0.009 = .																												
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																												
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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	.																												

*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.

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

Next ▶

Name (not your trade name)

Employer identification number (EIN)

Veratex Inc.

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
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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

950922

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 OnlyCheck 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) **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 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	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a Taxable social security wages*	34977 . 35	$\times 0.124 =$	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	$\times 0.029 =$	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 ►

Name (not your trade name)

Employer identification number (EIN)

Veratex Inc.

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	<input type="text"/>
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	11e	<input type="text"/>
11f	Number of individuals provided COBRA premium assistance <input type="text"/>		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11d, and 11e	11g	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input type="text" value="9048"/> <input type="text" value="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	<input type="text" value="9048"/> <input type="text" value="67"/>
13b	Reserved for future use	13b	<input type="text"/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input type="text"/>
13d	Reserved for future use	13d	<input type="text"/>
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	<input type="text"/>
13f	Refundable portion of COBRA premium assistance credit (see instructions for applicable quarter)	13f	<input type="text"/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13e, and 13f	13g	<input type="text"/>
13h	Reserved for future use	13h	<input type="text"/>
13i	Reserved for future use	13i	<input type="text"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="0"/>
15	Overpayment. If line 13g 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.		

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	<input type="text" value="3406"/> <input type="text" value="85"/>
Month 2	<input type="text" value="3360"/> <input type="text" value="10"/>
Month 3	<input type="text" value="2281"/> <input type="text" value="72"/>
Total liability for quarter	<input type="text" value="9048"/> <input type="text" value="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)

Employer identification number (EIN)

Veratex Inc.

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	<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.

☐ 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