

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	38147 . 11
3	Federal income tax withheld from wages, tips, and other compensation	3	4433 . 82
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	38147 . 11	4730 . 24
5a (i)	Qualified sick leave wages		
5a (ii)	Qualified family leave wages		
5b	Taxable social security tips		
5c	Taxable Medicare wages & tips	38147 . 11	1106 . 27
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	5836 . 51
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	10270 . 33
7	Current quarter's adjustment for fractions of cents	7	5
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	10270 . 38
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. 170012

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	
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	10270 38
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	10270 38
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	10270 38
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	10270 38
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

Month 2

Month 3

Total liability for quarter 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)

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

**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"/>	21
1	2	3	4	YY

Do you offer dependent health insurance benefits to any employee? Yes ☒ NoIf **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
5	5	5

Disaster relief

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter **38,147.00**

2. Remuneration paid this quarter to in excess of the UI wage base since January 1 **5,485.00**

3. Wages subject to contribution (subtract line 2 from line 1) **32,662.00**

4. UI contributions due
UI rate **2.025 %** **661.41**

5. Re-employment service fund (multiply line 3 x .00075) **24.50**

6a. Interest on contributions

6b. UI previously underpaid with interest **0.00**

7. Total of lines 4, 5, 6a and 6b **685.91**

8. Enter UI previously overpaid **0.00**

9. **Total UI amounts due** (if line 7 is greater than line 8, enter difference) **685.91**

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 **1,377.44**

13. New York City tax withheld **350.64**

14. Yonkers tax withheld **0.00**

15. Total tax withheld (add lines 12, 13, and 14) **1,728.08**

16. WT credit from **previous** quarter's return (see instr) **214.10**

17. Form NYS-1 payments made for quarter **1,565.28**

18. Total payments (add lines 16 and 17) **1,779.38**

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) * **51.30**

20a. Apply to outstanding liabilities and/or refund

20b. Credit to next quarter withholding tax ☒

21. **Total payment due** (add lines 9 and 19) **685.91**

* 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 38,147.00	Total number of employees 5
D. Total gross wages or distribution 38,147.11	E. Total tax withheld 1,728.08

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

04/09/2021 12:53:03

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
04/09/2021	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXX0282
Amount due (\$)	Payment amount (\$)
685.91	685.91

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
14921115149	04/09/2021 12:53 PM
Submitted by	
Wei Chang	

Part C

Employee Wage and Withholding

Employer legal name

Withholding identification number

VERATEX INC.

13-2804148

(Showing 1 - 5 of 5 employees)

Quarterly employee/payee wage reporting information[illegible]

Quarterly Premium Invoice for Period Ending: 3/31/2021

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	3	+	3	+	3	=	9	x	2.46	= 22.14
# Females	2	+	2	+	2	=	6	x	5.36	= 32.16
The minimum DBL premium amount is \$16.00.							Total DBL	A	54.30	

PFL Quarterly Premium Calculation						
	# of Lives	Quarterly Payroll (Subject to Premium Rate)				
Male	2	7176.91				
Female	2	18470.19		Rate	=	Premium Due
Total Payroll		25647.10	x	.00511	=	B 131.06

The PFL Quarterly Premium Due is calculated by multiplying the rate of .00511 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 \$75,409 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	54.30
Total PFL	B	131.06
Total Due (A+B)		185.36

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

