

# 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) <b>Veratex Inc.</b>													
Trade name (if any)													
Address <b>P.O. Box 682</b>													
Number	Street	Suite or room number											
<b>New York</b>		NY	10108		ZIP code								
City		State											
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  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

Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages	38147 ■ 11	$38147 \times 0.124 =$ 4730 ■ 24
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	38147 ■ 11	$38147 \times 0.029 =$ 1106 ■ 27
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  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  ■

Cat. No. 17001Z

Form 941 (Rev. 3-2021)



► 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.

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13-2804148
<b>Part 1: Answer these questions for this quarter. (continued)</b>	
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	[ ] 2059 • 41
Month 2	[ ] 3425 • 80
Month 3	[ ] 3317 • 54
Total liability for quarter	[ ] 8802 • 75 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 . . . . .	<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 Reserved for future use . . . . .	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.

**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



# 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:

VERATER 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	<b>21</b>
1		2		3	4	YY

Do you offer dependent health insurance benefits to any employee? ... Yes  No

If **seasonal employer**, mark an X in the box

### Number of employees

Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month

a. First month	b. Second month	c. Third month
<b>5</b>	<b>5</b>	<b>5</b>

Disaster relief

### Part A - Unemployment insurance (UI) Information

1. Total remuneration paid this quarter	<b>38,147.00</b>
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	<b>5,485.00</b>
3. Wages subject to contribution (subtract line 2 from line 1)	<b>32,662.00</b>
4. UI contributions due UI rate <b>2.025 %</b>	<b>661.41</b>
5. Re-employment service fund (multiply line 3 x .00075)	<b>24.50</b>
6a. Interest on contributions	
6b. UI previously underpaid with interest	<b>0.00</b>
7. Total of lines 4, 5, 6a and 6b	<b>685.91</b>
8. Enter UI previously overpaid	<b>0.00</b>
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)	<b>685.91</b>
10. Total UI overpaid (if line 8 is greater than line 7, enter the difference)	

### Part B - Withholding tax (WT) Information

12. New York State tax withheld	<b>1,377.44</b>
13. New York City tax withheld	<b>350.64</b>
14. Yonkers tax withheld	<b>0.00</b>
15. Total tax withheld (add lines 12, 13, and 14)	<b>1,728.08</b>
16. WT credit from previous quarter's return (see instr)	<b>214.10</b>
17. Form NYS-1 payments made for quarter	<b>1,565.28</b>
18. Total payments (add lines 16 and 17)	<b>1,779.38</b>
19. Total WT amounts due (if line 15 is greater than line 18, enter difference)	<b>0.00</b>
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b) *	<b>51.30</b>
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)	<b>685.91</b>

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

### Part C - Wage Reporting Summary

C Total UI total remuneration/gross wages paid this quarter	<b>38,147.00</b>	Total number of employees	<b>5</b>
D Total gross wages or distribution	<b>38,147.11</b>	E Total tax withheld	<b>1,728.08</b>

**Sign your return:** I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete  
Taxpayer's signature

Signer's name

Title

Date

Telephone number

**04/09/2021 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

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

**Withholding tax (WT) payment details** (Account saved )

Payment date	Account type
Bank name	Bank routing number
Account holder	Account number
Amount due (\$)	Payment amount (\$)
<b>0.00</b>	

**Transaction details**

Confirmation number	Transaction date/time
<b>14921115149</b>	<b>04/09/2021 12:53 PM</b>
Submitted by	
<b>Wei Chang</b>	

**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**

<b>a Social security number</b>	<b>b Last name, first name, middle initial</b>	<b>c UI total remuneration/gross wages paid this quarter</b>	<b>d Gross wages or distribution (see instructions)</b>	<b>e Total tax withheld</b>
XXX-XX-5410	Chang, Wei	16,585.20	16,585.20	901.35
XXX-XX-9537	Maros, Thomas	600.00	600.00	0.00
XXX-XX-1158	Simon, Claude	12,500.01	12,500.01	620.43
XXX-XX-45939	D'Alessio, Claudio	6,576.91	6,576.91	206.30
XXX-XX-3439	Simon, Carolyn	1,884.99	1,884.99	0.00

**Totals** (see instructions)

38,147.00

38,147.11

1,729.08

**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.sslicny.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		Rate	=	Premium Due
Female	2	18470.19				
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).						

**TO PAY ONLINE:**

- ✓ Visit [WWW.SSLICNY.COM](http://WWW.SSLICNY.COM)
- ✓ Click on "Quick Service"
- ✓ **No delays – payment posts immediately to account**
- ✓ Quick, one-time registration and set-up
- ✓ Website calculates your total premium due
- ✓ Detailed payment receipt within seconds of completed payment

**TO PAY BY CHECK:**

- ✓ Check payable to: **Standard Security Life Ins. Co. of NY**
- ✓ Include policy # on check
- ✓ Be sure to include invoice or check will be returned
- ✓ Mail check, with completed invoice, to:  
**Standard Security Life Insurance Company of New York**  
**P.O. Box 2875**  
**Clinton, IA 52733-2875**

