

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	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.																													
<table border="1"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a Taxable social security wages*</td> <td>34977 35</td> <td>$\times 0.124 =$</td> <td>4337 19</td> </tr> <tr> <td>5a (i) Qualified sick leave wages*</td> <td></td> <td>$\times 0.062 =$</td> <td></td> </tr> <tr> <td>5a (ii) Qualified family leave wages*</td> <td></td> <td>$\times 0.062 =$</td> <td></td> </tr> <tr> <td>5b Taxable social security tips</td> <td></td> <td>$\times 0.124 =$</td> <td></td> </tr> <tr> <td>5c Taxable Medicare wages & tips</td> <td>34977 35</td> <td>$\times 0.029 =$</td> <td>1014 34</td> </tr> <tr> <td>5d Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td></td> <td>$\times 0.009 =$</td> <td></td> </tr> </tbody> </table>					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		$\times 0.009 =$	
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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																													

*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.

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)

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	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: ☐ 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	3406 85
Month 2	3360 10
Month 3	2281 72

Total liability for quarter	9048 67	Total must equal line 12.
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- ☐ 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	<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

**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 **22**
1 2 3 4 YYDo 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

6**6****6**Disaster relief ☐**Part A - Unemployment Insurance (UI) information**

1. Total remuneration paid this quarter **34,977.00**

2. Remuneration paid this quarter to in excess of the UI wage base since January 1 **4,585.00**

3. Wages subject to contribution (subtract line 2 from line 1) **30,392.00**

4. UI contributions due
UI rate **2.025 %** **615.44**

5. Re-employment service fund (multiply line 3 x .00075) **22.79**

6a. Interest on contributions

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

7. Total of lines 4, 5, 6a and 6b **638.23**

8. Enter UI previously overpaid **0.00**

9. **Total UI amounts due** (if line 7 is greater than line 8, enter difference) **638.23**

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 **1,162.90**

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

14. Yonkers tax withheld **0.00**

15. Total tax withheld (add lines 12, 13, and 14) **1,513.54**

16. WT credit from previous quarter's return (see instr) **0.00**

17. Form NYS-1 payments made for quarter **1,513.54**

18. Total payments (add lines 16 and 17) **1,513.54**

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) * **0.00**

20a. Apply to outstanding liabilities and/or refund

20b. Credit to next quarter withholding tax

21. **Total payment due** (add lines 9 and 19) **638.23**

*** 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 **34,977.00**

D Total gross wages or distribution **34,977.35**

E Total tax withheld **1,513.54**

Total number of employees **6**

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

04/08/2022 11:23:50

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	Preparer's SSN or PTIN
	Preparer's firm name (or yours, if self-employed)	Address		self-employed	Preparer's EIN
	Payroll service name				Payroll service's EIN

Unemployment insurance (UI) payment details (Account saved)

Payment date	Account type
04/08/2022	Business checking
Bank name	Bank routing number
CITIZENS BANK NA	021313103
Account holder	Account number
Veratex Inc.	XXXXXX8244
Amount due (\$)	Payment amount (\$)
638.23	638.23

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
24920061413	04/08/2022 11:23 AM
Submitted by	
Wei Chang	

Part C

Employee Wage and Withholding

Employer legal name

VERATEX INC.

: Withholding identification number

13-2804148

(Showing 1 - 6 of 6 employees)

Quarterly employee/payee wage reporting information

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld
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-4201	Vernon, Austen	336.15	336.15	0.00
XXX-XX-1158	Simon, Claude	9,500.01	9,500.01	433.70
XXX-XX-5969	D'Alessio, Claudio	6,071.00	6,071.00	178.49
XXX-XX-3469	Simon, Carolyn	1,884.99	1,884.99	0.00

Totals (see instructions)

34,977.00

34.977.35

1.513.54

STANDARD SECURITY

LIFE INSURANCE COMPANY

Your agent is LLOYD S. BERKETT INSURANCE AGENCY INC.

They can be reached at (310) 857-5757

485 Madison Avenue, New York, NY 10022
646-509-2100

Quarterly Premium Invoice for Period Ending: 3/31/2022

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.sslcnyc.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	4	+	4	+	4	=	12	x	2.46	= 29.52
# Females	2	+	2	+	2	=	6	x	5.36	= 32.16
The minimum DBL premium amount is \$16.00.							Total DBL	A	61.68	

PFL Quarterly Premium Calculation						
	# of Lives	Quarterly Payroll (Subject to Premium Rate)				
Male	3	7007.15				
Female	2	18470.19		Rate	=	Premium Due
Total Payroll		25477.34	x	.00511	=	B 130.19

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 \$82,918 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	61.68
Total PFL	B	130.19
Total Due (A+B)		191.87

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

