

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: <i>Mar. 12</i> (Quarter 1)	1	<div>6</div>
2	Wages, tips, and other compensation	2	<div>29137 . 11</div>
3	Federal income tax withheld from wages, tips, and other compensation	3	<div>2387 . 16</div>
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*	<div>29137 . 11</div>	$\times 0.124 =$	<div>3613 . 00</div>
5a (i) Qualified sick leave wages*	<div>.</div>	$\times 0.062 =$	<div>.</div>
5a (ii) Qualified family leave wages*	<div>.</div>	$\times 0.062 =$	<div>.</div>
5b Taxable social security tips	<div>.</div>	$\times 0.124 =$	<div>.</div>
5c Taxable Medicare wages & tips	<div>29137 . 11</div>	$\times 0.029 =$	<div>844 . 98</div>
5d Taxable wages & tips subject to Additional Medicare Tax withholding <div>.</div>	<div>.</div>	$\times 0.009 =$	<div>.</div>
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e <div>4457 . 98</div>		
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f <div>.</div>		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6 <div>6845 . 14</div>		
7 Current quarter's adjustment for fractions of cents	7 <div>.</div>		
8 Current quarter's adjustment for sick pay	8 <div>.</div>		
9 Current quarter's adjustments for tips and group-term life insurance	9 <div>.</div>		
10 Total taxes after adjustments. Combine lines 6 through 9	10 <div>6845 . 16</div>		
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a <div>.</div>		
11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b <div>.</div>		
11c Reserved for future use	11c <div>.</div>		

*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	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.
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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)

950922

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.

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:**

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 **1** Apr 1 - Jun 30 **2** July 1 - Sep 30 **3** Oct 1 - Dec 31 **4** Year **22** YYDo you offer dependent health insurance benefits to any employee? Yes ☒ No

If seasonal employer, mark an X in the box

a. First month **6** b. Second month **6** c. Third month **6**

Disaster relief

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.

Part A - Unemployment Insurance (UI) Information

1. Total remuneration paid this quarter **29,137.00**

2. Remuneration paid this quarter to in excess of the UI wage base since January 1 **17,887.00**

3. Wages subject to contribution (subtract line 2 from line 1) **11,250.00**

4. UI contributions due UI rate **2.025 %** **227.81**

5. Re-employment service fund (multiply line 3 x .00075) **8.44**

6a. Interest on contributions **0.00**

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

7. Total of lines 4, 5, 6a and 6b **236.25**

8. Enter UI previously overpaid **0.00**

9. Total UI amounts due (if line 7 is greater than line 8, enter difference) **236.25**

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 **798.21**

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

14. Yonkers tax withheld **0.00**

15. Total tax withheld (add lines 12, 13, and 14) **1,148.85**

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

17. Form NYS-1 payments made for quarter **1,148.85**

18. Total payments (add lines 16 and 17) **1,148.85**

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) **236.25**

*** 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 **29,137.00**

D Total gross wages or distribution **29,137.11**

Total number of employees **6**

E Total tax withheld **1,148.85**

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

07/01/2022 16:00:35

Withholding
identification number **13-2804148**

DLN: 24920118398

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 **07/01/2022** Account type **Business checking**
Bank name **CITIZENS BANK NA** Bank routing number **021313103**
Account holder **Veratex Inc.** Account number **XXXXXX8244**
Amount due (\$) **236.25** Payment amount (\$) **236.25**

Withholding tax (WT) payment details (Account saved)

Payment date Account type
Bank name Bank routing number
Account holder Account number
Amount due (\$) **0.00** Payment amount (\$)

Transaction details

Confirmation number **24920118398** Transaction date/time **07/01/2022 04:00 PM**
Submitted by **Wei Chang**

Employee Wage and Withholding

DLN: 24920118398

Employer legal name

VERATEX INC.

Withholding identification number

13-2804148

(Showing 1 - 6 of 6 employees)

Quarterly employee/payee wage reporting information[illegible]

STANDARD SECURITY

LIFE INSURANCE COMPANY

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

Your agent is LLOYD S. BERKETT INSURANCE AGENCY INC.

They can be reached at (310) 857-5757

Quarterly Premium Invoice for Period Ending: 6/30/2022

VERATEX INC
P.O. BOX 682
NEW YORK, NY 10108

MESSAGE:

Policy #: D29603-000

DBL Quarterly Premium Calculation										
Employees	Apr	+	May	+	Jun	=	Total Lives	X	Rate	= Premium Due
# Males	4	+	4	+	4	=	12	x	2.46	= 29.52
# Females	3	+	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	2166.91			
Female	2	12470.19	Rate	=	Premium Due
Total Payroll		25637.10	x .00511	=	B 131.00

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	131.00
Total Due (A+B)		192.68

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

