

Form **941 for 2022: Employer's QUARTERLY Federal Tax Return**
(Rev. June 2022) Department of the Treasury — Internal Revenue Service

Form 341

Employer's Quarterly Tax

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					

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: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	6
2	Wages, tips, and other compensation	2	27750 ■ 13
3	Federal income tax withheld from wages, tips, and other compensation	3	2227 ■ 58
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*	27750 ■ 13	$\times 0.124 =$ 3441 ■ 02
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.	27750 ■ 13	$\times 0.029 =$ 804 ■ 75
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	4245 ■ 77
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	6473 ■ 35
7	Current quarter's adjustment for fractions of cents	7	■ -01
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	6473 ■ 34
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.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170017

Form 941 (Rev. 6-2022)

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 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 Reserved for future use	11e <input type="text"/>
11f Reserved for future use	11f <input type="text"/>
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g <input type="text"/>
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12 <input type="text"/> 6473 - 34
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"/> 6473 - 34
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 Reserved for future use	13f <input type="text"/>
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g <input type="text"/> 6473 - 34
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"/> 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 2141 - 52Month 2 1957 - 69Month 3 2374 - 13Total liability for quarter 6473 - 34 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) Veratex 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 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

Date / /

Print your name here

Print your title here

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 940 for 2022: Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0028

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

Type of Return (Check all that apply)
<input type="checkbox"/> a. Amended
<input type="checkbox"/> b. Successor employer
<input type="checkbox"/> c. No payments to employees in 2022
<input type="checkbox"/> d. Final: Business closed or stopped paying wages
Go to www.irs.gov/Form940 for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See Instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation
 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer
 2 If you paid wages in a state that is subject to CREDIT REDUCTION

1a N Y
 1b Check here. Complete Schedule A (Form 940).
 2 Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees	3 120841 . 94
4 Payments exempt from FUTA tax	4
Check all that apply: 4a <input type="checkbox"/> Fringe benefits 4b <input type="checkbox"/> Group-term life insurance	
5 Total of payments made to each employee in excess of \$7,000	5 95897 . 34
6 Subtotal (line 4 + line 5 = line 6)	6
7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions.	7 31944 . 60
8 FUTA tax before adjustments (line 7 x 0.006 = line 8)	8 191 . 67

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12
 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet
 11 If credit reduction applies, enter the total from Schedule A (Form 940)

9
10
11

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)	12 191 . 67
13 FUTA tax deposited for the year, including any overpayment applied from a prior year	13 191 . 67
14 Balance due. If line 12 is more than line 13, enter the excess on line 14. • If line 14 is more than \$500, you must deposit your tax. • If line 14 is \$500 or less, you may pay with this return. See instructions	14 0 .
15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below	15

You MUST complete both pages of this form and SIGN it.

Check one: Apply to next return. Send a refund.

Name (not your trade name) Veratex Inc.	Employer identification number (EIN) 13 - 2804148
Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.	

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 – March 31)	16a	[Redacted]
16b 2nd quarter (April 1 – June 30)	16b	[Redacted]
16c 3rd quarter (July 1 – September 30)	16c	[Redacted]
16d 4th quarter (October 1 – December 31)	16d	[Redacted]

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 [Redacted] Total must equal line 12.

Part 6: 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 [Redacted] [Redacted]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

No.

Part 7: Sign here. You MUST complete both pages of this form 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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. 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 are 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	<input type="checkbox"/>	Apr 1 - Jun 30	<input type="checkbox"/>	July 1 - Sep 30	<input type="checkbox"/>	Oct 1 - Dec 31	<input checked="" type="checkbox"/>	Year	22
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

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	27,750.00
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	24,729.00
3. Wages subject to contribution (subtract line 2 from line 1)	3,021.00
4. UI contributions due UI rate	2.025 % 61.18
5. Re-employment service fund (multiply line 3 x .00075)	2.27
6a. Interest on contributions	0.00
6b. UI previously underpaid with interest	0.00
7. Total of lines 4, 5, 6a and 6b	63.45
8. Enter UI previously overpaid	0.00
9. Total UI amounts due (if line 7 is greater than line 8, enter difference) ...	63.45
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	751.77
13. New York City tax withheld	367.74
14. Yonkers tax withheld	0.00
15. Total tax withheld (add lines 12, 13, and 14)	1,119.51
16. WT credit from previous quarter's return (see instr.)	0.00
17. Form NYS-1 payments made for quarter	1,119.51
18. Total payments (add lines 16 and 17)	1,119.51
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	<input type="checkbox"/>
20b. Credit to next quarter withholding tax	<input type="checkbox"/>
21. Total payment due (add lines 9 and 19)	63.45

* 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	27,750.00
D Total gross wages or distribution	27,750.13

Total number of employees

6

E Total tax withheld

1,119.51

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

01/20/2023 13:02:51

Telephone number

Withholding
identification number

13-2804148

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 NoIf 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

01/20/2023

Account type

Business checking

Bank name

CITIZENS BANK NA

Bank routing number

021313103

Account holder

Veratex Inc.

Account number

XXXXXX8244

Amount due (\$)

63.45

Payment amount (\$)

63.45

Withholding tax (WT) payment details

Payment date

Bank name

Account holder

Amount due (\$)

0.00

(Account saved

Account type

Bank routing number

Account number

Payment amount (\$)

Transaction details

Confirmation number

34920018687

Submitted by

Wei Chang

Transaction date/time

01/20/2023 01:02 PM

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

Totals (see instructions)

27,750.00

27,750.13

1 119 51

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

Quarterly Premium Invoice for Period Ending: 12/31/2022



VERATEX INC
PO BOX 682
NEW YORK NY 10108-0682



MESSAGE:

Policy #: **D29603-000**

DBL Quarterly Premium Calculation

Employees	Oct	+	Nov	+	Dec	=	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**

Payment Due: **1/31/2023**

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** **123.92**

Total Due
(A+B) **185.60**

PFL Quarterly Premium Calculation

# of Lives	Quarterly Payroll (Subject to Premium Rate)	Rate	=	Premium Due
Male	3	5779.93		
Female	2	18470.19		
Total Payroll	24250.12	x .00511	= B	123.92

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).

TO PAY ONLINE:

- ✓ Visit www.standardsecuritylife.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

