

**941 for 2022: Employer's QUARTERLY Federal Tax Return**

Department of the Treasury — Internal Revenue Service

750122

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

☐ 1: January, February, March☐ 2: April, May, June☐ 3: July, August, September☒ 4: October, November, DecemberGo to [www.irs.gov/Form941](http://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>June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	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.																																																																					
<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>27750 13</td> <td><math>\times 0.124 =</math></td> <td>3441 02</td> </tr> <tr> <td>5a (i) Qualified sick leave wages*</td> <td></td> <td><math>\times 0.062 =</math></td> <td></td> </tr> <tr> <td>5a (ii) Qualified family leave wages*</td> <td></td> <td><math>\times 0.062 =</math></td> <td></td> </tr> <tr> <td>5b Taxable social security tips</td> <td></td> <td><math>\times 0.124 =</math></td> <td></td> </tr> <tr> <td>5c Taxable Medicare wages &amp; tips.</td> <td>27750 13</td> <td><math>\times 0.029 =</math></td> <td>804 75</td> </tr> <tr> <td>5d Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td></td> <td><math>\times 0.009 =</math></td> <td></td> </tr> <tr> <td>5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d</td> <td colspan="3">5e 4245 77</td> </tr> <tr> <td>5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)</td> <td colspan="3">5f</td> </tr> <tr> <td>6 Total taxes before adjustments. Add lines 3, 5e, and 5f</td> <td colspan="3">6 6473 35</td> </tr> <tr> <td>7 Current quarter's adjustment for fractions of cents</td> <td colspan="3">7 -01</td> </tr> <tr> <td>8 Current quarter's adjustment for sick pay</td> <td colspan="3">8</td> </tr> <tr> <td>9 Current quarter's adjustments for tips and group-term life insurance</td> <td colspan="3">9</td> </tr> <tr> <td>10 Total taxes after adjustments. Combine lines 6 through 9</td> <td colspan="3">10 6473 34</td> </tr> <tr> <td>11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</td> <td colspan="3">11a</td> </tr> <tr> <td>11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021</td> <td colspan="3">11b</td> </tr> <tr> <td>11c Reserved for future use</td> <td colspan="3">11c</td> </tr> </tbody> </table>					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		
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\*Include taxable qualified sick and family leave wages paid in this quarter of 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 this quarter of 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. 6-2022)

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	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	Reserved for future use	11e	
11f	Reserved for future use		
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	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	6473 34
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	Reserved for future use	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	6473 34
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: <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 52
Month 2	1957 69
Month 3	2374 13

Total liability for quarter	6473 34	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)

Employer identification number (EIN)

Veratex 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, andenter 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 herePrint your  
name herePrint 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

# 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.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2022
- ☐ d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://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 . . . . . 1a ☐ N ☐ Y
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . . 1b ☐ Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 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 ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 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 . . . . . 9 .
- 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 . . . . . 10 .
- 11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 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)

Employer identification number (EIN)

Veratex Inc.

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

16b 2nd quarter (April 1 - June 30) . . . . . 16b

16c 3rd quarter (July 1 - September 30) . . . . . 16c

16d 4th quarter (October 1 - December 31) . . . . . 16d

**17** Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) **17**  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

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

☐ **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



New York State Department of Taxation and Finance

# 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** 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>6</b>	<b>6</b>	<b>6</b>

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) \* ..... **0.00**

## 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 ..... ☐

20b. Credit to next quarter withholding tax ..... ☐

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** Total number of employees ..... **6**

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

DLN: 34920018687

**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 <input type="checkbox"/>	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
01/20/2023	Business checking
Bank name	Bank routing number
CITIZENS BANK NA	021313103
Account holder	Account number
Veratex Inc.	XXXXXX8244
Amount due (\$)	Payment amount (\$)
63.45	63.45

**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
34920018687	01/20/2023 01:02 PM
Submitted by	
Wei Chang	

## Employee Wage and Withholding

**Withholding identification number**

13-2804148

**Quarterly employee/payee wage reporting information****Totals (see instructions)**



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

Your agent is LLOYD S. BERKETT INSURANCE AGENCY INC.

They can be reached at 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
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**PFL Quarterly Premium Calculation**

	# of Lives	Quarterly Payroll (Subject to Premium Rate)				
Male	3	5779.93				
Female	2	18470.19		Rate	=	Premium Due
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.sslife.com](http://www.sslife.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

