

941 for 2021: Employer's QUARTERLY Federal Tax Return

Form 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) 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 2021
(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), 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	<input type="text"/> 38147 <input type="text"/> 11	$\times 0.124 =$	<input type="text"/> 4730 <input type="text"/> 24
5a (i) Qualified sick leave wages	<input type="text"/> <input type="text"/>	$\times 0.062 =$	<input type="text"/> <input type="text"/>
5a (ii) Qualified family leave wages	<input type="text"/> <input type="text"/>	$\times 0.062 =$	<input type="text"/> <input type="text"/>
5b Taxable social security tips	<input type="text"/> <input type="text"/>	$\times 0.124 =$	<input type="text"/> <input type="text"/>
5c Taxable Medicare wages & tips	<input type="text"/> 38147 <input type="text"/> 11	$\times 0.029 =$	<input type="text"/> 1106 <input type="text"/> 27
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> <input type="text"/>	$\times 0.009 =$	<input type="text"/> <input type="text"/>

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

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

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

Cat. No. 17001Z

Form 941 (Rev. 3-2021)

Name (not your trade name) Veratecx Inc.	Employer identification number (EIN) 13-2804148
Part 1: Answer these questions for this quarter. (continued)	
11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d [REDACTED]
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12 [REDACTED] 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 [REDACTED] 10270 • 38
13b Reserved for future use	13b [REDACTED]
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c [REDACTED]
13d Refundable portion of employee retention credit from Worksheet 1	13d [REDACTED]
13e Total deposits and refundable credits. Add lines 13a, 13c, and 13d	13e [REDACTED] 10270 • 38
13f Total advances received from filing Form(s) 7200 for the quarter	13f [REDACTED]
13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g [REDACTED] 10270 • 38
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14 [REDACTED] 0
15 Overpayment. If line 13g is more than line 12, enter the difference	[REDACTED] 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	[REDACTED] 2059 • 41
Month 2	[REDACTED] 3425 • 80
Month 3	[REDACTED] 3317 • 54
Total liability for quarter	[REDACTED] 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.

Next ►

Form 941 (Rev. 3-2021)

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.

	Sign your name here <input type="text"/>	Print your name here <input type="text"/>
		Print your title here <input type="text"/>
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Best daytime phone <input type="text"/>	

Paid Preparer Use Only

Check if you're self-employed

Preparer's name <input type="text"/>	PTIN <input type="text"/>
Preparer's signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Firm's name (or yours if self-employed) <input type="text"/>	EIN <input type="text"/>
Address <input type="text"/>	Phone <input type="text"/>
City <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>



Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

NYS-45 WEB

Reference these numbers in all correspondence:

(a) Employer 33-60096 2

(b) State Tax number 13-2804148

Employer legal name:

TSI, 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	21
		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, earned or received pay for the week that includes the 12th day of each month

a. First month	b. Second month	c. Third month
5	5	5

Disaster relief

Part A - Unemployment insurance (UI) information

1. Total UI contribution paid this quarter

38,147.00

2. Total UI contribution paid this quarter to the New York City UI Fund

5,485.00

3. UI amounts subject to contribution (subtract line 2 from line 1)

32,662.00

4. UI tax rates due (line 1)
2.025 %

661.41

5. UI employment service fund
(subtract line 3 x .00675)

24.50

6a. UI tax rates for contributions

0.00

6b. UI tax rates for unpaid wages
overpaid

0.00

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

685.91

8. UI amounts previously overpaid

0.00

9. Total UI amounts due (if line 7
is greater than line 6, enter difference)

685.91

10. Total UI overpaid (if line 6 is greater
than line 7, enter the difference)

0.00

Part B - Withholding tax (WT) information

12. New York State tax withheld

1,377.44

13. New York City tax withheld

350.64

14. Yorkers tax withheld

0.00

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

1,728.08

16. WT credit from previous
quarter's return (see instructions)

214.10

17. Form NYS-1 payments made
for quarter

1,565.28

18. Total payments
(add lines 16 and 17)

1,779.38

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)*

51.30

20a. Apply to outstanding
liabilities and/or refund

20b. Credit to next quarter
withholding tax

21. Total payment due
(add lines 0 and 19)

685.91

* 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
number of the quarter

38,147.00

Total number of employees **5**

D. Total gross wages or remuneration

38,147.11

Total tax withheld **1,728.08**

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
I understand my signature
is my legal signature

Signature _____ 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, the date of 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	Account type
04/09/2021	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXX0282
Amount paid (\$)	Payment amount (\$)
695.91	685.91

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	0.00

Transaction details

DLN/Office number	Transaction date/time
14921115149	04/09/2021 12:53 PM
Submitted by	
Wei Chang	

Part C**Employee Wage and Withholding**

Employer's Federal name

VERATEX INC.

Withholding identification number

13-2804148

(Showing 1 - 5 of 5 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
123-45-6789	Chang, Wei	16,585.20	16,585.20	901.35
123-45-6789	Marcus, Thomas	600.00	600.00	0.00
123-45-6789	Chen, M. Claude	12,500.01	12,500.01	620.43
123-45-6789	Leveque, Claudine	6,576.91	6,576.91	206.30
123-45-6789	Veron, Carolyn	1,884.99	1,884.99	0.00

Totals (see instructions)

38,147.00

38,147.11

1,728.06

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)	Rate	=	Premium Due
Male	2	7176.91			
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).

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	54.30
Total PFL	B	131.06
Total Due (A+B)		185.36

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

