

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2021) Department of the Treasury — Internal Revenue Service

950121
OMB No. 1545-0029

Employer identification number (EIN) **13-2804148**

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: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (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	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a Taxable social security wages	38147 . 11	$\times 0.124 =$	4730 . 24
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	38147 . 11	$\times 0.029 =$	1106 . 27
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 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 ►

Name (not your trade name)

Employer identification number (EIN)

Veratex Inc.

13-2804148

Part 1: Answer these questions for this quarter. (continued)

- 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12
- 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
- 13b Reserved for future use 13b
- 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c
- 13d Refundable portion of employee retention credit from Worksheet 1 13d
- 13e Total deposits and refundable credits. Add lines 13a, 13c, and 13d 13e
- 13f Total advances received from filing Form(s) 7200 for the quarter 13f
- 13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e 13g
- 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14
- 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 | <input type="text" value="2059"/> | <input type="text" value="41"/> |
| Month 2 | <input type="text" value="3425"/> | <input type="text" value="80"/> |
| Month 3 | <input type="text" value="3317"/> | <input type="text" value="54"/> |
| Total liability for quarter | <input type="text" value="8802"/> | <input type="text" value="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.

Next ►

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

Form 941 (Rev. 3-2021)

Name (not your trade name)

Employer identification number (EIN)

Veratax 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, 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 19

20 Qualified health plan expenses allocable to qualified family leave wages 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses allocable to wages reported on line 21 22

23 Credit from Form 5884-C, line 11, for this quarter 23

24 Reserved for future use 24

25 Reserved for future use 25

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



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:

 DE Employer
Registration Number **33-60096** **2**

 DE Employer
Identification Number **13-2804148**

Employer legal name:

DE Employer

 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 checked="" type="checkbox"/>	Apr 1 - Jun 30	<input type="checkbox"/>	July 1 - Sep 30	<input type="checkbox"/>	Oct 1 - Dec 31	<input type="checkbox"/>	Year	21
	1	2	3	4				YY	

Do you offer dependent health insurance benefits to any employee? ☒ Yes ☐ NoIf **seasonal employer**, mark an X in the box ☐ Yes ☒ No
Number of employees
 Enter the number of full-time and part-time covered employees
 (do not include on 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 remuneration paid this quarter **38,147.00**

2. Remuneration paid this quarter to
employees of the Unemployment
Insurance Fund **5,485.00**

3. Wages subject to contribution
(subtract line 2 from line 1) **32,662.00**

4. UI contributions due
State **2.025 %** **661.41**

5. Federal unemployment service fund
(multiply line 3 x .0075) **24.50**

6a. Interest on contributions

6b. Total UI contributions paid with
interest **0.00**

7. Total of lines 4, 5, 6a and 6b **685.91**

8. Total UI previously overpaid **0.00**

9. **Total UI amounts due (if line 7
is greater than line 8, enter difference)** **685.91**

10. **Total UI overpaid (if line 8 is greater
than line 9, enter the difference) ***

Part B – Withholding tax (WT) information

12. New York State tax withheld **1,377.44**

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

14. Yonkers tax withheld **0.00**

15. **Total tax withheld
(add lines 12, 13, and 14)** **1,728.08**

16. WT credit from **previous
quarter's return (see instr.)** **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 19 and 20)** **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 wages paid this quarter 38,147.00	Total number of employees 5
D. Total gross wages or distribution 38,147.11	E. 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.

Taxpayer's signature

Signer's name

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 have permanently ceased paying wages, enter the date (MM/DD/YYYY) of the final payroll payment: _____

24 Did you sell or lease all or part of your business? ◀ Yes ☒ ◀ No

If "Yes," how did the transfer of ownership occur? Whole or Part

Paid preparer's use
Preparer's signature _____ Telephone number _____ Date _____ Mark an **X** if self-employed
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 due (\$) 685.91	Payment amount (\$) 685.91

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

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

Part C**Employee Wage and Withholding**

Employer legal 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
000000000	Chang, Ywei	16,585.20	16,585.20	901.35
000000000	Maros, Thomas	600.00	600.00	0.00
000000000	Simon, Claude	12,500.01	12,500.01	620.43
000000000	Simon, Claude	6,576.91	6,576.91	206.30
000000000	Simon, Carolyn	1,884.99	1,884.99	0.00

Totals (see instructions)

38,147.00

38,147.11

1,728.08

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.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	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)				
Male	2	7176.91	Rate	=		Premium Due
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

