

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

Form **941**
(Rev. 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.)

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	37800 • 96
3	Federal income tax withheld from wages, tips, and other compensation	3	4385 • 55
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 . . .	37800 • 96	$\times 0.124 =$ 4687 • 32
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 . . .	37800 • 96	$\times 0.029 =$ 1096 • 23
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	5783 • 55
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	10169 • 10
7	Current quarter's adjustment for fractions of cents	7	• 3
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	10169 • 13
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) Veratex 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 <input type="text"/>
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12 <input type="text"/> 10169 <input type="text"/> 13
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"/> 10169 <input type="text"/> 13
13b Reserved for future use	13b <input type="text"/>
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c <input type="text"/>
13d Refundable portion of employee retention credit from Worksheet 1	13d <input type="text"/>
13e Total deposits and refundable credits. Add lines 13a, 13c, and 13d	13e <input type="text"/> 10169 <input type="text"/> 13
13f Total advances received from filing Form(s) 7200 for the quarter	13f <input type="text"/>
13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g <input type="text"/> 10169 <input type="text"/> 13
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14 <input type="text"/> 0 <input type="text"/>
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 3389 71

Month 2 3389 71

Month 3 3389 71

Total liability for quarter 10169 13 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 ➔

Name (not your trade name) Veratx Inc.	Employer identification number (EIN) 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	<input type="checkbox"/> 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	<input type="checkbox"/> Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages	19 <input type="checkbox"/>
20 Qualified health plan expenses allocable to qualified family leave wages	20 <input type="checkbox"/>
21 Qualified wages for the employee retention credit	21 <input type="checkbox"/>
22 Qualified health plan expenses allocable to wages reported on line 21	22 <input type="checkbox"/>
23 Credit from Form 5884-C, line 11, for this quarter	23 <input type="checkbox"/>
24 Reserved for future use	24 <input type="checkbox"/>
25 Reserved for future use	25 <input type="checkbox"/>

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"/>	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"/>	
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:

UI Employer registration number **33-60095** 2

Withholding identification number **13-2804148**

Employer legal name:

VERATEC 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 during 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 item remuneration paid this quarter	37,801.00
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	30,093.00
3. Wages subject to contribution (subtract line 2 from line 1)	7,708.00
4. UI contributions due UI rate 2.025 %	156.09
5. Re-employment service fund (multiply line 3 x .00075)	5.78
6a. Interest on contributions	
6b. UI previously underpaid with interest	0.00
7. Total of lines 4, 5, 6a and 6b	161.87
8. Enter UI previously overpaid	0.00
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)	161.87
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	1,358.40
13. New York City tax withheld	350.64
14. Yonkers tax withheld	0.00
15. Total tax withheld (add lines 12, 13, and 14)	1,709.04
16. WT credit from previous quarter's return (see instr)	51.30
17. Form NYS-1 payments made for quarter	1,657.74
18. Total payments (add lines 16 and 17)	1,709.04
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)	161.87

* 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	37,801.00	Total number of employees	5
D Total gross wages or distribution	37,800.96	E Total tax withheld	1,709.04

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

07/08/2021 14:58:53

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 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	Account type
07/08/2021	Business checking
Bank name	Bank routing number
HSBC BANK USA, N.A.	021001088
Account holder	Account number
Veratex Inc.	XXXXX0282
Amount due (\$)	Payment amount (\$)
161.87	161.87

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
14921173955	07/08/2021 02:58 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
000-00-0000	Chang, Wei	16,585.20	16,585.20	901.35
000-00-0000	Maros, Thomas	600.00	600.00	0.00
000-00-0000	Simon, Claude	12,500.01	12,500.01	127.26
000-00-0000	D'Alessio, Claudio	6,230.76	6,230.76	620.43
000-00-0000	Simon, Carolyn	1,884.99	1,884.99	0.00

Totals (see instructions)

37,801.00

37,800.96

1,709.04

Quarterly Premium Invoice for Period Ending: 6/30/2021

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	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				

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	129.29
Total Due (A+B)		183.59

PFL Quarterly Premium Calculation											
	# of Lives	Quarterly Payroll (Subject to Premium Rate)		Premium Due							
Male	2	16830.76									
Female	2	18470.19		Rate	=						
Total Payroll		25300.95		x	.00511	=	B		129.29		

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).

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

