

941 for 2025: Employer's QUARTERLY Federal Tax Return

Form 941 (Rev. March 2025)

Department of the Treasury — Internal Revenue Service

950124

OMB No. 1545-0029

Employer identification number (EIN)

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Name (not your trade name)

Veratex, Inc.

Trade name (if any)

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Address

336 East 56th Street Frnt A

Number

Street

Suite or room number

New York

NY

10022

City

State

ZIP code

Foreign country name

Foreign province/county

Foreign postal code

Report for this Quarter of 2025
(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. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

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	4
2	Wages, tips, and other compensation	2	10779 □ 16
3	Federal income tax withheld from wages, tips, and other compensation	3	1070 □ 25
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	
Column 1			Column 2
5a	Taxable social security wages	10779 □ 16	1336 □ 62
5b	Taxable social security tips	□ 0	□
5c	Taxable Medicare wages & tips	10779 □ 16	312 □ 60
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	□	□ × 0.009 =
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	1649 □ 22
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	2719 □ 47
7	Current quarter's adjustment for fractions of cents	7	□
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	2719 □ 47
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	□
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	2719 □ 47
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	3565 □ 26
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	□
15	Overpayment. If line 13 is more than line 12, enter the difference	845 □ 79	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

You **MUST** complete both pages of Form 941 and **SIGN** it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 17001Z

Form 941 (Rev. 3-2025)

Name (not your trade name)

Employer identification number (EIN)

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	1329 . 94
Month 2	597 . 20
Month 3	792 . 33
Total liability for quarter	2719 . 47

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.

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.

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 both 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

Claude Simon

Print your title here

President

Date

8/11/2025

Best daytime phone

212-683-9300

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
