

Form **941 for 2018: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2018) Department of the Treasury — Internal Revenue Service

950117
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 2018
(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 4

2 Wages, tips, and other compensation 2 46270 20

3 Federal income tax withheld from wages, tips, and other compensation 3 2937 66

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	46270 20	$\times 0.124 =$	5737 50
5b Taxable social security tips		$\times 0.124 =$	
5c Taxable Medicare wages & tips	46270 20	$\times 0.029 =$	1341 84
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	

5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 7079 34

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 10017 00

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 10017 00

11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11

12 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 10017 00

13 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 13 10017 00

14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 0

15 Overpayment. If line 13 is more than line 12, enter the difference Check one: ☐ Apply to next return. ☐ Send a refund.

► You MUST complete both 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. 1-2018)

Next ➔

Name (not your trade name)

950217

Veratex Inc.

Employer identification number (EIN)

13-2804148

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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 3339. 00

Month 2 3339. 00

Month 3 3339. 00

Total liability for quarter 10017. 00

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.

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 / / .

18 If you are 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

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

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Department of the Treasury — Internal Revenue Service

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Trade name (if any)										
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City	State				ZIP code					
Foreign country name	Foreign province/county				Foreign postal code					

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2	Wages, tips, and other compensation	2	47520 . 20																				
3	Federal income tax withheld from wages, tips, and other compensation	3	3173 . 85																				
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</td><td>Taxable social security wages</td><td>47520 . 20</td><td>$\times 0.124 =$ 5892 . 50</td></tr><tr><td>5b</td><td>Taxable social security tips</td><td></td><td>$\times 0.124 =$</td></tr><tr><td>5c</td><td>Taxable Medicare wages & tips</td><td>475200 . 20</td><td>$\times 0.029 =$ 1378 . 09</td></tr><tr><td>5d</td><td>Taxable wages & tips subject to Additional Medicare Tax withholding</td><td></td><td>$\times 0.009 =$</td></tr></tbody></table>					Column 1		Column 2	5a	Taxable social security wages	47520 . 20	$\times 0.124 =$ 5892 . 50	5b	Taxable social security tips		$\times 0.124 =$	5c	Taxable Medicare wages & tips	475200 . 20	$\times 0.029 =$ 1378 . 09	5d	Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$
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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	10444 . 44																				
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	10444 . 45																				
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Cat. No. 17001Z

Form 941 (Rev. 1-2018)

Next ►

Name (not your trade name)

Veratex Inc.

Employer identification number (EIN)

13-2804148

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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

Month 2

Month 3

Total liability for quarter Total must equal line 12.

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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 ☐ Check here, and enter the final date you paid wages .

18 If you are 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

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

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Department of the Treasury — Internal Revenue Service

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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/country		Foreign postal code	

Report for this Quarter of 2019
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6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	11983 . 67																				
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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	11983 . 69																				
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Veratex Inc.

Employer identification number (EIN)

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Print your name here

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Date

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Check if you are self-employed ☐

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3	Federal income tax withheld from wages, tips, and other compensation	3	4826 . 95
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	46103 . 20	$\times 0.124 =$	5716 . 80
5b Taxable social security tips	.	$\times 0.124 =$.
5c Taxable Medicare wages & tips	46103 . 20	$\times 0.029 =$	1336 . 99
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$.
5e Add Column 2 from lines 5a, 5b, 5c, and 5d	7053 . 79		
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	.		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	11880 . 74		
7 Current quarter's adjustment for fractions of cents	. 00		
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9 Current quarter's adjustments for tips and group-term life insurance	.		
10 Total taxes after adjustments. Combine lines 6 through 9	11880 . 74		
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	.		
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