

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) <b>Veratex Inc.</b>											
Trade name (if any)											
Address <b>P.O. Box 682</b>											
Number	Street			Suite or room number							
<b>New York</b>				<b>NY</b>	<b>10108</b>						
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](http://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	$46270.20 \times 0.124 =$ <b>5737.50</b>
5b Taxable social security tips		$\times 0.124 =$ <b>—</b>
5c Taxable Medicare wages & tips	46270.20	$46270.20 \times 0.029 =$ <b>1341.84</b>
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$ <b>—</b>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		5e <b>7079.34</b>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		5f <b>—</b>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		6 <b>10017.00</b>
7 Current quarter's adjustment for fractions of cents		7 <b>—</b>
8 Current quarter's adjustment for sick pay		8 <b>—</b>
9 Current quarter's adjustments for tips and group-term life insurance		9 <b>—</b>
10 Total taxes after adjustments. Combine lines 6 through 9		10 <b>10017.00</b>
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		11 <b>—</b>
12 Total taxes after adjustments and credits. Subtract line 11 from line 10		12 <b>10017.00</b>
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 <b>10017.00</b>
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions		14 <b>0.</b>
15 Overpayment. If line 13 is more than line 12, enter the difference <b>—</b>		Check one: <input type="checkbox"/> Apply to next return. <input 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 the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 1-2018)

Next ►

Name (not your trade name)

Veratech Inc.

Employer identification number (EIN)

13-2804148

950217

**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.

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

enter the final date you paid wages

Check here, and

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.

X

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

**941 for 2018: Employer's QUARTERLY Federal Tax Return**  
 Form 941 (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) <b>Veratex Inc.</b>												
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  
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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 **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  Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages	47520 . 20	$47520 . 20 \times 0.124 =$ 5892 . 50
5b Taxable social security tips	■	$\times 0.124 =$ ■
5c Taxable Medicare wages & tips	475200 . 20	$475200 . 20 \times 0.029 =$ 1378 . 09
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 <b>7270 . 59</b>
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 <b>10444 . 44</b>
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 <b>10444 . 45</b>
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 <b>10444 . 45</b>
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 <b>10444 . 45</b>
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions		14 <b>0 .</b>
15 Overpayment. If line 13 is more than line 12, enter the difference	■ . ■	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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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.**

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



Name (not your trade name)

Veratex Inc.

Employer identification number (EIN)

13-2804148

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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 4183. 81

Month 2 3818. 17

Month 3 3981. 71

Total liability for quarter 11983. 69 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.**

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Yes. Designee's name and phone number

\_\_\_\_\_

\_\_\_\_\_

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

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X

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 \_\_\_\_\_

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2019) Department of the Treasury - Internal Revenue Service

(Rev. January 2019)

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 2019**  
(Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

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**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	46103 ■ 20
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	$46103 ■ 20 \times 0.124 = 5716 ■ 80$
5b	Taxable social security tips	■	$■ \times 0.124 = ■$
5c	Taxable Medicare wages & tips	46103 ■ 20	$46103 ■ 20 \times 0.029 = 1336 ■ 99$
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■	$■ \times 0.009 = ■$
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	7053 ■ 79
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	11880 ■ 74
7	Current quarter's adjustment for fractions of cents	7	■ 00
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	11880 ■ 74
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	11880 ■ 74
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	11880 ■ 74
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	0 ■

Check one:  Apply to next return

Call No. 170017

5 841.2 1.0000

Send a refund.

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

5 841.2 1.0000

Name (not your trade name)

Veratex Inc.

Employer identification number (EIN)

13-2804148

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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 3981. 70

Month 2 3923. 89

Month 3 3975. 15

Total liability for quarter 11880. 74 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.**

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X

Sign your name here

Print your name here

Print your title here

Date / /

Best daytime phone

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Check if you are self-employed

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

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Address

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