



**New York State Department of
Taxation and Finance**

**Collections and Civil Enforcement Division
W A Harriman Campus
Albany NY 12227-0171**

Date: 8/05/24

Notice of Adjustment - Withholding

Assessment ID: L-060424547-7

L-060424547-7
VERATEX INC.
PO BOX 682
NEW YORK NY 10108-0682

The above assessment has been adjusted. See the Computation Summary Section for the current balance due.

A delinquent Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return for a tax period can include Form NYS-45 Part A (Unemployment Insurance), and/or Part B (Withholding Tax) and/or Part C or NYS-45-ATT (Wage Reporting).

Penalty under section 685(v)(1) of the tax law is assessed at \$50 per employee as reported on the last NYS-45 or NYS-45-ATT filed. If the number of employees is not available or is less than 20, a \$1,000 minimum penalty as provided by law is imposed. The maximum penalty is \$10,000.

If all delinquent Parts of the NYS-45 for a tax period are filed **WITHIN 30 DAYS** of the date of the Notice of Failure to File Return and Demand for Payment of Penalty Due, and the penalty under tax law section 685(v)(1) has not been abated for any of the prior four calendar quarters, the penalty for this quarter will be abated. If the penalty has been abated for any of the four prior calendar quarters, the penalty for this quarter will be adjusted to the **LESSER** of:

\$50 per employee reported on the NYS-45 Part C or NYS-45-ATT (not less than \$1,000, maximum \$10,000)

OR

The sum of the penalty computed under section 685(a)(1) of the Tax Law **PLUS** the penalty computed under section 581.2(b) of the Labor Law.*

If all delinquent Parts of the NYS-45 for a tax period are filed and at least one of the Parts is received **MORE THAN 30 DAYS** after the date of the Notice of Failure to File Return and Demand for Payment of Penalty Due, the penalty will be adjusted to the **GREATER** of:

\$50 per employee reported on the NYS-45 Part C or NYS-45-ATT (not less than \$1,000, maximum \$10,000)

OR

The sum of the penalty computed under section 685(a)(1) of the Tax Law **PLUS** the penalty computed under section 581.2(b) of the Labor Law.*

* - 685(a)(1) - 5% for each month, or part of a month, the return is late (maximum 25%) times the amount of withholding tax required to be shown on the NYS-45, but not paid by the due date of such return. However, if the return is more than 60 days late, this penalty cannot be less than the lesser of \$100 or 100% of the tax required to be shown but not paid by the due date of the return.

(Continued on back.)

Notice of Adjustment (Continued)

- 581.2(b) - 5% for each month, or part of a month, the return is late (maximum 25%) times the amount of unemployment insurance contributions required to be shown on the NYS-45, but not paid by the due date of such return. However, this penalty may not be less than \$100.

All required Parts of the NYS-45 for the following tax period have been received.

Tax Period Ended Date: 03/31/24
Return Due Date: 04/30/24

The following Part(s) was received within 30 days of the date of the Notice.

NYS-45 Part B, Withholding Tax (WT) Information

NYS-45 Part C or NYS-45-ATT, Employee Wage and Withholding Information

The penalty under tax law section 685(v)(1) has been abated within the prior four calendar quarters, therefore, the penalty for this quarter has been adjusted to the LESSER of:

\$50 per employee reported on the NYS-45 Part C or NYS-45-ATT (not less than \$1,000, maximum \$10,000)

OR

The sum of the penalty computed under section 685(a)(1) of the Tax Law PLUS the penalty computed under section 581.2(b) of the Labor Law.*

* - 685(a)(1) - 5% for each month, or part of a month, the return is late (maximum 25%) times the amount of withholding tax required to be shown on the NYS-45, but not paid by the due date of such return. However, if the return is more than 60 days late, this penalty cannot be less than the lesser of \$100 or 100% of the tax required to be shown but not paid by the due date of the return.

- 581.2(b) - 5% for each month, or part of a month, the return is late (maximum 25%) times the amount of unemployment insurance contributions required to be shown on the NYS-45, but not paid by the due date of such return. However, this penalty may not be less than \$100.

COMPUTATION SUMMARY SECTION

Tax Period Ended	Description	Tax Amount Assessed	(+) Interest Amount Assessed	(+) Penalty Amount Assessed	(-) Assessment Payments/ Credits	(=) Current Balance Due
03-31-24	Combined Wthhld	0.00	0.99	119.45	0.00	120.44
	TOTALS	0.00	0.99	119.45	0.00	120.44

BANKRUPTCY

If you filed for bankruptcy, at this time you are not required to pay this amount or any other amount owed to the Tax Department. We are sending you this notice for informational purposes only.

IF YOU AGREE with this Notice of Adjustment

- Complete the Payment Application Section on the enclosed Payment Document and mail it with your remittance to the address shown on that form.
- If you are unable to pay the total amount due, call (518) 457-5789 to set up an installment payment agreement.

IF YOU DISAGREE with this Notice of Adjustment

- Complete the enclosed Protest Document and mail it to the address shown on that form.
- For an explanation of your rights as a taxpayer, go to www.tax.ny.gov/tra/rights.htm or

(Continued on next page.)



Consolidated Statement of Tax Liabilities

L-060424547-7
VERATEX INC.

If you have any questions, please call
(518) 457-5434.

This is a statement of your tax liabilities, including the liability(ies) referred to in the enclosed NOTICE OF ADJUSTMENT.

Each liability listed below is identified by an Assessment ID. Use the enclosed Payment Document to make payment on these liabilities.

Recent adjustments, credits or payments may not be included on this Statement. Also, a payment may have been applied to multiple assessments.

This Consolidated Statement summarizes your tax liabilities with New York State under this account. If you have ever used more than one taxpayer identification number for tax reporting purposes, you may owe additional New York State tax liabilities.

If you have any questions regarding the Tax liabilities, please call (518) 457-5434. For Department of Labor liabilities, (denoted by WT-DOL), please call 1 888 899-8810.

NOTE: To view the current balance of any unpaid tax bills, access our Web site at www.tax.ny.gov/online.

SECTION A. Not Applicable.

SECTION B. THE FOLLOWING LIABILITIES HAVE BEEN DETERMINED TO BE DUE. They should be paid promptly in order to avoid the accrual of additional penalty and/or interest charges.

Tax Type	Assessment ID	Tax Period Ended	Tax Amount Due	(+) Interest Amount Due	(+) Penalty Amount Due	(-) Assessment Payments/ Credits	(=) Current Balance Due
WT-DOL	L-060424547-7	03/31/24	0.00	0.99	119.45	0.00	120.44
WITHLD	L-060469278-7	03/31/24	19.45	0.60	0.36	0.00	20.41
TOTAL \$							140.85

SECTION C. Not Applicable.

SECTION D. Not Applicable.



**New York State Department of
Taxation and Finance**

L-060424547-7
VERATEX INC.
PO BOX 682
NEW YORK NY 10108-0682

Payment Document

If name or address shown is incorrect or has changed, enter the correct information and return this **entire** payment document.

To pay the penalty assessment

- Complete the *Payment application section*, detach the coupon below, and mail it with your check or money order.
- If you **also wish to protest** the penalty assessment, complete the enclosed *Protest Document*.

Payment application section

- Mark an **X** in the appropriate box(es) and enter the amount to be applied and the payment amount enclosed in the spaces provided.
- If you enter a name or address change above, return this **entire** payment document; **otherwise**, detach the coupon below and return it with your payment.

DTF-968.17 (6/12)

- Payment for **Assessment ID**: L-060424547-7
- Payment for other outstanding liabilities; enter **Taxpayer ID**: _____

\$ _____

\$ _____

Enter amount enclosed ➤	\$ _____
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Make your check or money order payable to **Commissioner of Taxation and Finance**. Include your Assessment ID number on your payment.

If you prefer to pay by credit card or directly from your bank account, visit our Web site at www.tax.ny.gov and select **Make a payment**.

For office use only	
Form track number	• _____
Amount received	• _____
Payment effect/rec'd dates	• _____

Mail to the address below



**NYS ASSESSMENT RECEIVABLES
PO BOX 4127
BINGHAMTON NY 13902-4127**

DTF-968.17 (6/12)

BDP0001867 2081700

10604245477

0000000012044



NOTICE OF RIGHTS

The NYS Tax Law provides that the NYS Department of Labor is responsible for resolving protests concerning failure to file adjusted penalty assessments.

If you disagree with the adjusted penalty assessment, you have three options (listed below) and certain rights with regard to the enclosed notice. You must reply within 90 days from the date of the enclosed notice to preserve your right to further review.

Whether you agree or disagree with the adjusted assessment, interest and/or penalties will continue to accrue unless you make full payment within the time period indicated on the enclosed notice.

1. Pay the total amount due and request a review by the NYS Department of Labor

Most differences can be resolved with this review, avoiding costly and time consuming hearings or appeals.

- ◆ Complete the enclosed *Payment Document* and submit with your remittance. Also complete the enclosed *Protest Document*. To ensure timely receipt of your protest, return each document to the address indicated on that document. Please do not send these documents together.

The information that you furnish will be reviewed provided you file your written explanation within the required 90 day period. You will be notified of the findings.

- ◆ If there is full or partial agreement with your position, you will be issued a refund for all or part of the penalty plus any applicable interest. However, if you have any other outstanding liabilities the refund may be applied to the amount(s) due.
- ◆ If there is full or partial disagreement with your position, you will be advised of your right to request a hearing with the NYS Department of Labor. The hearing will be conducted by an impartial Administrative Law Judge.*

You also have the right to file a formal claim for a refund. To obtain a claim form and inquire about the time period for filing a claim for a refund, call 1 888 899-8810. Refund claim forms will be considered a protest and will be reviewed by the NYS Department of Labor as described above. If you pay and complete a *Protest Document* within 90 days from the date of the enclosed notice, it is not necessary to also complete a formal refund claim form.

2. Make no payment now and request a review by the NYS Department of Labor

You are not required to pay the total amount due to obtain a departmental review of the enclosed notice. However, interest will continue to accrue on any unpaid amounts.

- ◆ Complete the enclosed *Protest Document* and return it to the address indicated on the document.

The information that you furnish will be reviewed provided you file your written explanation within the required 90 day period. You will be notified of the findings.

- ◆ If there is agreement with your position, the amount due will be adjusted or canceled.
- ◆ If there is disagreement with your position, you will be notified of the amount remaining due and be advised of your right to request a hearing with the NYS Department of Labor. The hearing will be conducted by an impartial Administrative Law Judge.*

3. Request a hearing with the NYS Department of Labor (with or without payment)

You are not required to pay the total amount due (although you may pay if you wish) to obtain a hearing with the NYS Department of Labor. However, interest will continue to accrue on any unpaid amounts. Your written request for a hearing must be submitted within 90 days from the date of the enclosed notice. Send your written request for a hearing and the basis for which you are requesting the hearing to:

NYS DEPARTMENT OF LABOR
LIABILITY AND DETERMINATION SECTION
STATE OFFICE BUILDING CAMPUS
ALBANY NY 12240

*A hearing by the NYS Department of Labor is an adversarial proceeding before an impartial Administrative Law Judge. It may involve submission of briefs and the use of lawyers, accountants, or other representatives. Decisions rendered are subject to appeal by all parties.

Call the Liability and Determination Section of the NYS Department of Labor at (518) 457-5807 if you have any questions regarding the hearing process.

Important telephone number

For information, call toll free 1 888 899-8810.

**New York State
Department of Labor
P O Box 1939
Albany, NY 12201-1939**

VERATEX INC.
PO BOX 682
NEW YORK NY 10108-0682

Taxpayer ID: B-13-2804148-3

Employer Reg No: E 33 60096

Assessment ID: L-060424547-7

Notice Date: 8/05/24

Protest Document

If name or address shown is incorrect or has changed, enter correct information.
(Note: Entry of a name or address does not constitute a protest. If you wish to protest, please complete this entire document.)

TO PROTEST THE ADJUSTED PENALTY ASSESSMENT, describe the reasons for disagreement below. Attach additional pages if needed. **Return the completed form to the address above**. If you ALSO WISH TO PAY the penalty assessment, complete the enclosed *Payment Document*.

I disagree with the adjusted amount due because:

Print Name

Signature

Title

Date

Daytime Telephone

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BDP0001869 2081700

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