

Filing Instructions

VERATEX INC

Form 8879-S

U.S. S Corporation Income Tax Declaration for an IRS *e-file* Return with Electronic Filing Personal Identification Number

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Remittance: None is required. No amount is due or overpaid.

Signature: You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-S, IRS e-file Signature Authorization for Form 1120S should be signed and dated by an authorized officer of the corporation and returned to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

***Important:* Your return will not be filed with the IRS until the signed Form 8879-S, IRS e-file Signature Authorization for Form 1120S has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120S to the IRS it will delay processing of your return.

Form **1120S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2015

For calendar year 2015 or tax year beginning , ending

A S election effective date 01/01/76	TYPE OR PRINT	Name VERATEX INC	D Employer identification number 13-2804148
B Business activity code number (see instructions) 424300		Number, street, and room or suite no. If a P.O. box, see instructions. 534 WEST 42ND STREET #8	E Date incorporated 01/01/1976
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10036	F Total assets (see instructions) \$ 681,663

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year **1****Caution.** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	916,032	
	b Returns and allowances	1b	1,736	
	c Balance. Subtract line 1b from line 1a			1c 914,296
	2 Cost of goods sold (attach Form 1125-A)			2 652,767
	3 Gross profit. Subtract line 2 from line 1c			3 261,529
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)			5
	6 Total income (loss). Add lines 3 through 5			6 261,529
	7 Compensation of officers (see instructions—attach Form 1125-E)			7 68,000
	8 Salaries and wages (less employment credits)			8 118,082
	9 Repairs and maintenance			9 60
	10 Bad debts			10 277
	11 Rents			11 13,797
	12 Taxes and licenses			12 16,066
	13 Interest			13 3,432
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14
	15 Depletion (Do not deduct oil and gas depletion.)			15
	16 Advertising			16
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18 56,966
	19 Other deductions (attach statement) See Stmt 1			19 28,160
20 Total deductions. Add lines 7 through 19			20 304,840	
21 Ordinary business income (loss). Subtract line 20 from line 6			21 -43,311	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			
	23a 2015 estimated tax payments and 2014 overpayment credited to 2015	23a		23d
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c			
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26
27 Enter amount from line 26 Credited to 2016 estimated tax Refunded			27	

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.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Sign Here**Signature of officer **CLAUDE SIMON**

Date

PRESIDENT

Title

Paid Preparer Use Only

Print/Type preparer's name

Allan C Cohn CPA

Preparer's signature

Allan C Cohn CPA

Date

02/28/16Check ☒ if

self-employed

PTIN

P00447700Firm's name **Cohn & Langer, CPAs**Firm's EIN **45-4014297**Firm's address **18 Blanche St
Plainview, NY****11803-4607**Phone no. **516-702-3002**

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2015)

		Yes	No
1	Check accounting method: <div style="display: flex; justify-content: space-between;"> <div>a <input type="checkbox"/> Cash</div> <div>b <input checked="" type="checkbox"/> Accrual</div> </div> <div style="display: flex; justify-content: space-between;"> <div>c <input type="checkbox"/> Other (specify) ▶</div> <div></div> </div>		
2	See the instructions and enter the: <div style="display: flex; justify-content: space-between;"> <div>a Business activity ▶ JOBBER</div> <div>b Product or service ▶ YARN</div> </div>		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of restricted stock

(ii) Total shares of non-restricted stock

b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of stock outstanding at the end of the tax year

(ii) Total shares of stock outstanding if all instruments were executed

6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction?

7 Check this box if the corporation issued publicly offered debt instruments with original issue discount
If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

8 If the corporation: **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation **and** **(b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$

9 Enter the accumulated earnings and profits of the corporation at the end of the tax year.

10 Does the corporation satisfy **both** of the following conditions?

a The corporation's total receipts (see instructions) for the tax year were less than \$250,000

b The corporation's total assets at the end of the tax year were less than \$250,000

If "Yes," the corporation is not required to complete Schedules L and M-1.

11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?

If "Yes," enter the amount of principal reduction

12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions

13a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?

b If "Yes," did the corporation file or will it file required Forms 1099?

Schedule K Shareholders' Pro Rata Share Items**Total amount**

Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-43,311
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶	14b	
	b Gross income from all sources	14c	
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14d	
	d Passive category	14e	
	e General category	14f	
	f Other (attach statement) Deductions allocated and apportioned at shareholder level	14g	
	g Interest expense	14h	
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14i	
	i Passive category	14j	
	j General category	14k	
	k Other (attach statement) Other information	14l	
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14m	
	m Reduction in taxes available for credit (attach statement)		
	n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties – gross income	15d	
	e Oil, gas, and geothermal properties – deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	

Schedule K Shareholders' Pro Rata Share Items (continued)**Total amount**

Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-43,311

Schedule L Balance Sheets per Books

Beginning of tax year

End of tax year

Assets		(a)	(b)	(c)	(d)
1	Cash		1,582		1,460
2a	Trade notes and accounts receivable	101,055		150,051	
b	Less allowance for bad debts	()	101,055	()	150,051
3	Inventories		407,912		397,352
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) Stmt 2		132,316		132,800
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	81,874		81,874	
b	Less accumulated depreciation	(81,874)	0	(81,874)	0
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		642,865		681,663
Liabilities and Shareholders' Equity					
16	Accounts payable		83,558		52,770
17	Mortgages, notes, bonds payable in less than 1 year		98,273		104,523
18	Other current liabilities (attach statement)				
19	Loans from shareholders		556,543		663,190
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		125,000		125,000
23	Additional paid-in capital				
24	Retained earnings		-220,509		-263,820
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		642,865		681,663

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-43,311	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3	-43,311	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-43,311

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-220,509		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	43,311		
5 Other reductions			
6 Combine lines 1 through 5	-263,820		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-263,820		

Form **1120S** (2015)

Form **1125-A****Cost of Goods Sold**(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-2225

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.**
▶ **Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.**

Name VERATEX INC		Employer identification number 13-2804148	
1	Inventory at beginning of year	1	407,912
2	Purchases	2	623,910
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) Stmt 3	5	18,297
6	Total. Add lines 1 through 5	6	1,050,119
7	Inventory at end of year	7	397,352
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	652,767
9a Check all methods used for valuing closing inventory:			
(i) <input checked="" type="checkbox"/> Cost			
(ii) <input type="checkbox"/> Lower of cost or market			
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶			
b	Check if there was a writedown of subnormal goods	▶ <input type="checkbox"/>	
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	▶ <input type="checkbox"/>	
d	If the LIFO inventory method was used for this tax year, enter the amount of closing inventory computed under LIFO	9d	
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 12-2012)

Schedule K-1
(Form 1120S)
Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax
year beginning _____
ending _____

<input type="checkbox"/> Final K-1		<input type="checkbox"/> Amended K-1		OMB No. 1545-0123	
Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items					
1	Ordinary business income (loss)	13	Credits	-43,311	
2	Net rental real estate income (loss)				
3	Other net rental income (loss)				
4	Interest income				
5a	Ordinary dividends				
5b	Qualified dividends	14	Foreign transactions		
6	Royalties				
7	Net short-term capital gain (loss)				
8a	Net long-term capital gain (loss)				
8b	Collectibles (28%) gain (loss)				
8c	Unrecaptured section 1250 gain				
9	Net section 1231 gain (loss)				
10	Other income (loss)	15	Alternative minimum tax (AMT) items		
11	Section 179 deduction	16	Items affecting shareholder basis		
12	Other deductions				
		17	Other information		
* See attached statement for additional information.					

Shareholder's Share of Income, Deductions, Credits, etc.
▶ See back of form and separate instructions.

Part I Information About the Corporation	
A	Corporation's employer identification number 13-2804148
B	Corporation's name, address, city, state, and ZIP code VERATEX INC 534 WEST 42ND STREET #8 NEW YORK NY 10036
C	IRS Center where corporation filed return e-file
Part II Information About the Shareholder	
D	Shareholder's identifying number 106-50-1158
E	Shareholder's name, address, city, state, and ZIP code CLAUDE A SIMON 71 TONJES ROAD CALLICOON NY 12723
F	Shareholder's percentage of stock ownership for tax year 100.000000 %
For IRS Use Only	

Federal Statements**Statement 1 - Form 1120S, Page 1, Line 19 - Other Deductions**

<u>Description</u>	<u>Amount</u>
LEGAL & PROFESSIONAL	\$ 11,753
TRUCK & DELIVERY	3,646
INSURANCE	2,985
TELEPHONE	1,948
POSTAGE	1,882
TRAVEL	1,749
BANK CHARGES	1,605
OFFICE SUPPLIES	1,475
PROMOTION	769
COMMISSIONS	348
Total	\$ <u>28,160</u>

Statement 2 - Form 1120S, Page 4, Schedule L, Line 6 - Other Current Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LOAN RECEIVABLE	\$ 132,316	\$ 132,800
Total	\$ <u>132,316</u>	\$ <u>132,800</u>

Federal Statements**Statement 3 - Form 1125-A, Line 5 - Other Costs**

<u>Description</u>	<u>Amount</u>
STORAGE	\$ 8,242
FREIGHT	10,055
Total	<u>\$ 18,297</u>

Filing Instructions

VERATEX INC

Form TR-579-CT - New York State E-File Signature Authorization

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Remittance: A check in the amount of \$300 should be made payable to New York State Corporation Tax and included with Form CT-200-V. Write "E.I.N. 13-2804148, Form CT-3-S balance due for the year ended 12/31/15" on the check.

Mail To: NYS Dept of Taxation and Finance
Corp - V
P.O. Box 15163
Albany, NY 12212-5163

Signature: Form TR-579-CT, New York State E-File Signature Authorization should be signed and dated by an authorized officer of the corporation and returned to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

Other: Your return is being filed electronically with the New York Department of Taxation and Finance and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

**New York State E-File Signature Authorization for Tax Year 2015
For Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A,
CT-33-C, CT-33-M, CT-33-NL, or CT-400**Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.Legal name of corporation: VERATEX INCReturn type (mark all that apply): CT-3 ☐ CT-3-A ☐ CT-3-M ☐ CT-3-S ☒ CT-13 ☐ CT-33 ☐CT-33-A ☐ CT-33-C ☐ CT-33-M ☐ CT-33-NL ☐ CT-400 ☐**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the

ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our Web site at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*, Form CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both)*, Form CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*, Form CT-5.9, *Request for Three-Month Extension to File (for Article 9 tax return, MTA surcharge, or both)*, or Form CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2015*.

Financial institution information (required if electronic payment is authorized)

1	Amount of authorized debit	1.	_____
2	Financial institution routing number	2.	_____
3	Financial institution account number	3.	_____

Part A – Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2015 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2015 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2015 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: _____ Date: 02-28-16Print your name and title: CLAUDE SIMON PRESIDENT**Part B – Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2015 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2015 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2015 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2015 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: _____

Paid preparer's signature: ALLAN C COHN CPA Date: 02-28-16Print name: ALLAN C COHN CPA



Department of Taxation and Finance
New York S Corporation Franchise Tax Return
Tax Law – Articles 9-A and 22

CT-3-S

All filers must enter tax period:

Final return (see instructions) ☐

Amended return ☐

beginning 01-01-15 ending 12-31-15

Employer identification number (EIN) 13-2804148	File number AA6	Business telephone number 516-702-3002	If you claim an overpayment, mark an X in the box	
Legal name of corporation VERATEX INC		Trade name/DBA		
Mailing name (if different from legal name above) c/o		State or country of incorporation NY	Date received (for Tax Department use only)	
Number and street or PO box 534 WEST 42ND STREET #8		Date of incorporation 01-01-76		
City NEW YORK		State NY	ZIP code 10036	Foreign corporations: date began business in NYS
NAICS business code number (from NYS Pub 910) 424300	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	New York S election effective date 01-01-76	Audit (for Tax Department use only)
NYS principal business activity JOBBER				
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:		Number of shareholders 1		
A Pay amount shown on line 46. Make payable to: New York State Corporation Tax			Payment enclosed	
Attach your payment here. Detach all check stubs. (See instructions for details.)			A 300.	

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-60; (4) any applicable credit claim forms, and (5) Form CT-225.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C Enter your business apportionment percentage (from line 104) **100.0000%**
- D Did the S corporation make an IRC section 338 or 453 election? Yes ☐ No ☒
- E Did this entity have an interest in real property located in New York State during the last three years? Yes ☐ No ☒
- F Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes ☐ No ☒
- G If the IRS has completed an audit of any of your returns within the last five years, list years
- H If this return is for a New York S termination year, mark an **X** in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions, page 4) Normal accounting rules ☐ Daily pro rata allocation ☐
- I Mark an **X** in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660 ☐
- J If you are one of the following, mark an **X** in one box: QETC ☐ Qualified New York manufacturer ☐
- K If you filed as a New York C corporation in previous years, enter the last year filed as such
- L Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes ☐ No ☒

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Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1	Ordinary business income or loss	1	-43,311.
2	Net rental real estate income or loss	2	
3	Other net rental income or loss	3	
4	Interest income	4	
5	Ordinary dividends	5	
6	Royalties	6	
7	Net short-term capital gain or loss	7	
8	Net long-term capital gain or loss	8	
9	Net section 1231 gain or loss	9	
10	Other income or loss	10	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)		
	Beginning of tax year	End of tax year	
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)		
	Beginning of tax year	End of tax year	
	642,865.	681,663.	
13a	Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)		
	Beginning of tax year	End of tax year	
	556,543.	663,190.	
13b	If any portion of such loans was used as basis to deduct current or suspended loss, enter the amount used		
		13b	

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14 Balance at beginning of tax year	-220,509.		
15 Ordinary income from federal Form 1120S, page 1, line 21			
16 Other additions			
17 Loss from federal Form 1120S, page 1, line 21	-43,311.		
18 Other reductions			
19 Combine lines 14 through 18	-263,820.		
20 Distributions other than dividend distributions			
21 Balance at end of tax year. Subtract line 20 from line 19	-263,820.		

Computation of tax (see instructions)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in one box)

Yes ☐ No ☒ X

You must enter an amount on line 22; if none, enter 0.

22	New York receipts (from line 103, column A (New York State))	22	916,032.
23	Fixed dollar minimum tax (see instructions)	23	300.
24	Recapture of tax credits (see instructions)	24	
25	Total tax after recapture of tax credits (add lines 23 and 24)	25	300.
26	Special additional mortgage recording tax credit (current year or deferred; see instructions)	26	
27	Tax due after tax credits (subtract line 26 from line 25)	27	300.
First installment of estimated tax for the next tax period:			
28	Enter amount from line 27	28	300.
29	If you filed a request for extension, enter amount from Form CT-5.4, line 2	29	
30	If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0	30	
31	Add line 28 and line 29 or 30	31	300.

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Computation of tax (continued)

Composition of prepayments (see instructions):		Date paid	Amount
32	Mandatory first installment	32	
33	Second installment from Form CT-400	33	
34	Third installment from Form CT-400	34	
35	Fourth installment from Form CT-400	35	
36	Payment with extension request from Form CT-5.4	36	
37	Overpayment credited from prior years (see instructions)	37	
38	Total prepayments (add lines 32 through 37)	38	
39	Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0)	39	300.
40	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	40	0.
41	Interest on late payment (see instructions)	41	
42	Late filing and late payment penalties (see instructions)	42	
43	Balance (add lines 39 through 42)	43	300.
Voluntary gifts/contributions (see instructions):			
44a	Return a Gift to Wildlife	44a	00
44b	Breast Cancer Research & Education Fund	44b	00
44c	Prostate and Testicular Cancer Research and Education Fund	44c	00
44d	9/11 Memorial	44d	00
44e	Volunteer Firefighting & EMS Recruitment Fund	44e	00
44f	Veterans Remembrance	44f	00
44g	Women's Cancers Education and Prevention Fund	44g	00
45	Add lines 31, 40, 41, 42, and 44a through 44g	45	300.
46	Balance due (If line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.)	46	300.
47	Overpayment (If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.)	47	
48	Amount of overpayment to be credited to next period (see instructions)	48	
49	Refund of overpayment (subtract line 48 from line 47; see instructions)	49	

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Computation of business apportionment factor (see instructions)

		A New York State	B Everywhere
Section 210-A.2			
50 Sales of tangible personal property	50		
51 Sales of electricity	51		
52 Net gains from sales of real property	52		
Section 210-A.3			
53 Rentals of real and tangible personal property	53		
54 Royalties from patents, copyrights, trademarks, and similar intangible personal property	54		
55 Sales of rights for certain closed-circuit and cable TV transmissions of an event	55		
Section 210-A.4			
56 Sale, licensing, or granting access to digital products	56		
Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)			
57 To make this irrevocable election, mark an X in the box (see instructions)			57
Section 210-A.5(a)(2) – Mark an X in each box that is applicable (see instructions)			
Section 210-A.5(a)(2)(A)			
58 Interest from loans secured by real property	58		
59 Net gains from sales of loans secured by real property	59		
60 Interest from loans not secured by real property (QFI <input type="checkbox"/>)	60		
61 Net gains from sales of loans not secured by real property (QFI <input type="checkbox"/>)	61		
Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)			
62 Interest from federal debt	62		
63 Net gains from federal debt	63		
64 Interest from NYS and its political subdivisions debt	64		
65 Net gains from NYS and its political subdivisions debt	65		
66 Interest from other states and their political subdivisions debt	66		
67 Net gains from other states and their political subdivisions debt	67		
Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)			
68 Interest from asset-backed securities and other government agency debt	68		
69 Net gains from government agency debt or asset-backed securities sold through an exchange	69		
70 Net gains from all other asset-backed securities	70		
Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)			
71 Interest from corporate bonds	71		
72 Net gains from corporate bonds sold through broker/dealer or licensed exchange	72		
73 Net gains from other corporate bonds	73		
Section 210-A.5(a)(2)(E)			
74 Net interest from reverse repurchase and securities borrowing agreements	74		
Section 210-A.5(a)(2)(F)			
75 Net interest from federal funds	75		
Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)			
76 Net income from sales of physical commodities	76		
Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)			
77 Marked to market net gains	77		
Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)			
78 Interest from other financial instruments	78		
79 Net gains and other income from other financial instruments	79		

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Computation of business apportionment factor (continued)

		A New York State	B Everywhere
Section 210-A.5(b)			
80 Brokerage commissions	80		
81 Margin interest earned on behalf of brokerage accounts	81		
82 Fees for advisory services for underwriting or management of underwriting	82		
83 Receipts from primary spread of selling concessions	83		
84 Receipts from account maintenance fees	84		
85 Fees for management or advisory services	85		
86 Interest from an affiliated corporation	86		
Section 210-A.5(c)			
87 Interest, fees, and penalties from credit cards	87		
88 Service charges and fees from credit cards	88		
89 Receipts from merchant discounts	89		
90 Receipts from credit card authorizations and settlement processing	90		
91 Other credit card processing receipts	91		
Section 210-A.5(d)			
92 Receipts from certain services to investment companies	92		
Section 210-A.6			
93 Receipts from railroad and trucking business	93		
Section 210-A.6-a			
94 Receipts from the operation of vessels	94		
Section 210-A.7			
95 Receipts from air freight forwarding	95		
96 Receipts from other aviation services	96		
Section 210-A.8			
97 Advertising in newspapers or periodicals	97		
98 Advertising on television or radio	98		
99 Advertising via other means	99		
Section 210-A.9			
100 Transportation or transmission of gas through pipes	100		
Section 210-A.10			
101 Receipts from other services/activities not specified	101		
Section 210-A.11			
102 Discretionary adjustments	102		
Total receipts			
103 Add lines 50 through 102, columns A and B	103	916,032.	916,032.

Calculation of business apportionment factor

104 New York State business apportionment factor (divide line 103, column A by line 103, column B; round to the fourth decimal place)

104 100.0000



Amended return informationIf filing an amended return, mark an **X** in the box for any items that apply and attach documentation.Final federal determination ☐ If marked, enter date of determination: ☐

Third – party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ALLAN C COHN CPA	Designee's phone number 516-702-3002
	Designee's e-mail address		PIN <input type="text"/>

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person CLAUDE SIMON	Signature of authorized person	Official title PRESIDENT	
	E-mail address of authorized person		Telephone number 516-702-3002	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) COHN & LANGER, CPAS		Firm's EIN 45-4014297	Preparer's PTIN or SSN P00447700
	Signature of individual preparing this return ALLAN C COHN CPA	Address 18 BLANCHE ST	City PLAINVIEW	State NY
	E-mail address of individual preparing this return		ZIP code 11803-4607	
			Preparer's NYTPRIN or 03	Excl. code 02-28-16

See instructions for where to file.

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Department of Taxation and Finance

New York S Corporation Shareholders' Information Schedule

CT-34-SH

Legal name of corporation VERATEX INC	Employer identification number (EIN) 13-2804148
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Attach to Form CT-3-S

Schedule A – Shareholders' New York State modifications and credits (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include his or her pro rata share of these amounts on his or her personal income tax return.)

Part 1 – Total shareholder modifications related to S corporation items (see instructions)

Additions	1	New York State franchise tax imposed under Article 9-A	1	300.
	2	Federal depreciation deduction from Form CT-399, if applicable	2	
	3	Other additions (attach Form CT-225)	3	
Subtractions	4	Allowable New York depreciation from Form CT-399, if applicable	4	
	5	Other subtractions (attach Form CT-225)	5	
Other items (attach explanation)	6	Additions to federal itemized deductions	6	
	7	Subtractions from federal itemized deductions	7	

Part 2 – Total S corporation New York State credits and taxes on early dispositions (see instructions; attach applicable forms)**START-UP NY tax credits** (see instructions)

8	START-UP NY business certificate number	• 8	
9	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10)	• 9	
10	START-UP NY telecommunication services excise tax credit (Form CT-640)	• 10	
11	Recapture of START-UP NY tax benefits (Form CT-645)	• 11	
12	START-UP NY tax elimination credit tax free NY area allocation factor (Form CT-638)	• 12	
13	START-UP NY tax elimination credit business allocation factor (Form CT-638)	• 13	
START-UP NY tax elimination credit factors from partnership (for multiple partnerships attach separate statement; see instructions)			
14	START-UP NY partnership EIN	• 14	
15	START-UP NY business certificate number (obtain number from your partnership)	• 15	
16	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership)	• 16	
17	START-UP NY tax elimination credit tax free NY area allocation factor (obtain factor from your partnership)	• 17	
18	START-UP NY tax elimination credit business allocation factor (obtain factor from your partnership)	• 18	

Investment tax credits (see instructions)

19	Investment tax credit and employment incentive credit (Form CT-46)	• 19	
20	Investment tax credit on research and development property (Form CT-46)	• 20	
21	Investment tax credit for financial services industry (Form CT-44)	• 21	
22	Tax on early dispositions – investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (Form CT-44 or CT-46)	• 22	

Empire zone (EZ) tax credits (see instructions)

23	EZ investment tax credit (Form CT-603)	• 23	
24	EZ investment tax credit for financial services industry (Form CT-605)	• 24	
25	Recaptured tax credit – EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial services industry (Form CT-602, CT-603, or CT-605)	• 25	

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Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued)**Qualified empire zone enterprise (QEZE) tax credits** (see instructions)

26 QEZE real property tax credit allowed (Form CT-606)	• 26	
27 Net recapture of QEZE real property tax credit (Form CT-606)	• 27	
28 QEZE tax reduction credit employment increase factor (Form CT-604)	• 28	
29 QEZE tax reduction credit zone allocation factor (Form CT-604)	• 29	
30 QEZE tax reduction credit benefit period factor (Form CT-604)	• 30	

QEZE tax reduction credit factors from partnership (for multiple partnerships attach separate statement; see instructions)

31 QEZE partnership EIN	• 31	
32 QEZE employment increase factor (obtain factor from your partnership)	• 32	
33 QEZE zone allocation factor (obtain factor from your partnership)	• 33	
34 QEZE benefit period factor (obtain factor from your partnership)	• 34	

Farmers' school tax credit (see instructions)

35 Total acres of qualified agricultural property	• 35	
36 Total amount of eligible school district property taxes paid	• 36	
37 Total acres of qualified agricultural property converted to nonqualified use	• 37	
38 Total acres of qualified conservation property	• 38	

Other credits (attach applicable forms)

39 Recapture of alternative fuels credit (Form CT-40)	• 39	
40 Credit for employment of persons with disabilities (Form CT-41)	• 40	
41 Rehabilitation of historic properties credit (Form CT-238)	• 41	
42 Recapture of rehabilitation of historic properties credit (Form CT-238)	• 42	
43 Clean heating fuel credit (Form CT-241)	• 43	
44 Biofuel production credit (Form CT-243)	• 44	
45 Empire State commercial production credit (Form CT-246)	• 45	
46 Empire State film production credit for the current year (Form CT-248)	• 46	
47 Empire State film production credit for the second year (Form CT-248)	• 47	
48 Empire State film production credit for the third year (Form CT-248)	• 48	
49 Long-term care insurance credit (Form CT-249)	• 49	
50 Credit for purchase of an automated external defibrillator (Form CT-250)	• 50	
51 Empire State film post-production credit for the current year (Form CT-261)	• 51	
52 Empire State film post-production credit for the second year (Form CT-261)	• 52	
53 Empire State film post-production credit for the third year (Form CT-261)	• 53	
54 Excelsior jobs tax credit component (Form CT-607)	• 54	
55 Excelsior investment tax credit component (Form CT-607)	• 55	
56 Excelsior research and development tax credit component (Form CT-607)	• 56	
57 Excelsior real property tax credit component (Form CT-607)	• 57	
58 Recapture of excelsior jobs program tax credit (Form CT-607)	• 58	
59 Brownfield redevelopment tax credit site preparation credit component (Form CT-611)	• 59	
60 Brownfield redevelopment tax credit tangible property credit component (Form CT-611)	• 60	
61 Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611)	• 61	
62 Recapture of brownfield redevelopment tax credit (Form CT-611)	• 62	
63 Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1)	• 63	
64 Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1)	• 64	
65 Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1)	• 65	
66 Recapture of brownfield redevelopment tax credit (Form CT-611.1)	• 66	
67 Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2)	• 67	
68 Brownfield redevelopment tax credit tangible property credit component (Form CT-611.2)	• 68	
69 Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.2)	• 69	
70 Recapture of brownfield redevelopment tax credit (Form CT-611.2)	• 70	
71 Remediated brownfield credit for real property taxes (Form CT-612)	• 71	
72 Recapture of remediated brownfield credit for real property taxes (Form CT-612)	• 72	
73 Environmental remediation insurance credit (Form CT-613)	• 73	
74 Recapture of environmental remediation insurance credit (Form CT-613)	• 74	

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Part 2 – Total S corporation New York State credits and taxes on early dispositions *(continued)*

75 Security officer training tax credit <i>(attach Form CT-631)</i>	• 75	
76 Economic transformation and facility redevelopment program jobs tax credit component <i>(Form CT-633)</i>	• 76	
77 Economic transformation and facility redevelopment program investment tax credit component <i>(Form CT-633)</i>	• 77	
78 Economic transformation and facility redevelopment program job training tax credit component <i>(Form CT-633)</i>	• 78	
79 Economic transformation and facility redevelopment program real property tax credit component <i>(Form CT-633)</i>	• 79	
80 Recapture of economic transformation and facilities redevelopment program tax credit <i>(Form CT-633)</i>	• 80	
81 Taxicabs and livery service vehicles accessible to persons with disabilities credit <i>(Form CT-236)</i>	• 81	
82 QETC employment credit <i>(Form DTF-621)</i>	• 82	
83 QETC capital tax credit <i>(Form DTF-622)</i>	• 83	
84 Recapture of QETC capital tax credit <i>(Form DTF-622)</i>	• 84	
85 Low-income housing credit <i>(Form DTF-624)</i>	• 85	
86 Recapture of low-income housing credit <i>(Form DTF-626)</i>	• 86	
87 Empire state jobs retention credit <i>(Form CT-634)</i>	• 87	
88 Recapture of empire state jobs retention credit <i>(Form CT-634)</i>	• 88	
89 Urban youth jobs program credit <i>(Form CT-635)</i>	• 89	
90 Beer production credit <i>(Form CT-636)</i>	• 90	
91 Alternative fuels and electric vehicle recharging property credit <i>(Form CT-637)</i>	• 91	
92 Recapture of alternative fuels and electric vehicle recharging property credit <i>(Form CT-637)</i>	• 92	
93 Minimum wage reimbursement credit <i>(Form CT-639)</i>	• 93	
94 Real property tax credit for manufacturers <i>(Form CT-641)</i>	• 94	
95 Recapture of real property tax credit for manufacturers <i>(Form CT-641)</i>	• 95	
96 Empire state musical and theatrical production credit <i>(Form CT-642)</i>	• 96	
97 Hire a veteran credit <i>(Form CT-643)</i>	• 97	
98 Workers with disabilities tax credit <i>(Form CT-644)</i>	• 98	
99 Employee training incentive program tax credit <i>(Form CT-646)</i>	• 99	
100 New York City general corporation tax credit <i>(see instructions)</i>	• 100	500.
101 Other tax credit(s) and recapture(s) <i>(see instructions)</i>	• 101	

(complete Schedule B on the last page)

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Schedule B – Shareholders' identifying information (see instructions)

Photocopy Schedule B as needed. Attach all additional sheets to this form. Also mark an X in the box

A For each shareholder, enter last name, first name, middle initial on first line; enter home address on second and third lines. (attach federal Schedule K-1 for each shareholder)	B Identifying number (SSN or EIN)	C Percentage of ownership	D Shareholder residency status (make only one entry) 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident	E Shareholder entity status (make only one entry) I for individual F for estate or trust E for exempt organization
• 1 SIMON, CLAUDE A 71 TONJES ROAD CALLICOON NY 12723	• 1 106-50-1158	• 100.0000	• 1	• I
• 2	• 2	•	•	•
• 3	• 3	•	•	•
• 4	• 4	•	•	•
• 5	• 5	•	•	•
• 6	• 6	•	•	•
• 7	• 7	•	•	•
• 8	• 8	•	•	•
• 9	• 9	•	•	•
• 10	• 10	•	•	•
• 11	• 11	•	•	•

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Department of Taxation and Finance

Affiliated Entity Information Schedule**CT-60**

(formerly CT-60-QSSS)

For period ended

12-31-15

Legal name of corporation

VERATEX INC

Employer identification number (EIN)

13-2804148

Attach to Form CT-3, CT-3-A, or CT-3-S.

Schedule A – QSSS information (see instructions)**Part 1 – QSSS inclusion** (see instructions)

Name and address of QSSS	Effective date of federal QSSS election (mm-dd-yy)	Federal EIN or temporary filing (TF) number of QSSS	Federal EIN or TF number of QSSS parent

Part 2 – QSSS elective inclusion (see instructions)

Name and address of QSSS	Effective date of federal QSSS election (mm-dd-yy)	Federal EIN or TF number of QSSS	Federal EIN or TF number of QSSS parent

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Part 3 – 1120S shareholder information (see instructions)

1 Amount of distributions as shown on federal Form 1120S, Schedule K, line 16d and/or 17c

1

Name and address of shareholder	Shareholder SSN
CLAUDE A SIMON 71 TONJES ROAD CALLICOON NY 12723	106-50-1158

Schedule B – Affiliates and activities (see instructions)**Part 1**2 If the activities of any of the following impact your federal return, mark an **X** for all that apply:

QSSS • Captive REIT or RIC • Combinable captive insurance company • Partnership •
 Disregarded entity • Tax-exempt DISC • SMLLC •

3 If any of your subsidiaries are incorporated outside of New York State, mark an **X** in the box

3

4 If you filed a consolidated federal return, mark an **X** in the box and complete lines 4a through 4d

4

4a Number of corporations included in the federal consolidated group

4a

4b Total consolidated federal taxable income (FTI) before net operating loss deduction (NOLD)

4b

4c Total consolidated FTI before NOLD of corporations in federal group, but not in New York group

4c

4d Total FTI before NOLD of corporations not in federal group, but in New York group

4d

Part 2Mark an **X** in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).

5 More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by another corporation or by the same interests

5

Name of controlling corporation

EIN

6 You or the same interests own or control, directly or indirectly, more than 50% of the voting power of the capital stock of another corporation

6

Name of corporation controlled

EIN

7 There has been a transfer or acquisition of controlling interest in the entity during the last 3 years

7

Name of transferred or acquired corporation

EIN

8 You are a member of an affiliated federal group

8

Name of primary corporation

EIN

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Part 3 – Entities taxable as partnerships (see instructions)

9 If partnership items of income, gain, loss, deduction, credits, etc. are included in your New York return, mark an **X** in the box and enter the required information below

9

Name and address of partnership	EIN of partnership	EIN of all tiered partners of partnership

Part 4 – Disregarded entities (see instructions)

10 If items of income, gain, loss, deduction, credits, etc. from a disregarded entity or a tax-exempt DISC are included in your New York return, mark an **X** in the box and enter the required information below

10

Name and address of disregarded entity	If the disregarded entity generated credits, mark an X in the box	EIN of disregarded entity	EIN of all tiered members of disregarded entity

Certification: I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person CLAUDE SIMON		Signature of authorized person		Official title PRESIDENT	
	E-mail address of authorized person				Telephone number 516-702-3002	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) COHN & LANGER, CPAS		Firm's EIN 45-4014297		Preparer's PTIN or SSN P00447700	
	Signature of individual preparing this document ALLAN C COHN CPA		Address 18 BLANCHE ST PLAINVIEW, NY 11803-4607			
	E-mail address of individual preparing this document		Preparer's NYTPRN or		Excl code 03	Date 02-28-16

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Filing Instructions

VERATEX INC

Form NYC-579-GCT - Signature Authorization For E-Filed General Corporation Tax Return

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Signature: Form NYC-579-GCT, Signature Authorization For E-Filed General Corporation Tax Return should be signed and dated by an authorized officer of the corporation and returned to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

Other: Your return is being filed electronically with the New York City Department of Finance and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

Filing Instructions

VERATEX INC

Form NYC-200V - Payment Voucher for Returns and Extensions

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Remittance: A check in the amount of \$500 should be made payable to NYC Department of Finance and mailed with Form NYC-200V. Write "E.I.N. 13-2804148, Form NYC-3L balance due for the year ended 12/31/15" on the check.

Mail To: NYC Department of Finance
P.O. Box 3646
New York, NY 10008-3646

NYC <small>Department of Finance</small>	NYC 579-GCT	NEW YORK CITY DEPARTMENT OF FINANCE Signature Authorization for E-Filed General Corporation Tax Return	2015
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ELECTRONIC RETURN ORIGINATORS (ERO): DO NOT MAIL THIS FORM TO THE DEPARTMENT OF FINANCE. KEEP THIS FOR YOUR RECORDS.

LEGAL NAME OF CORPORATION: VERATEX INC	EMPLOYER IDENTIFICATION NUMBER 13-2804148
EMAIL ADDRESS:	TYPE OF RETURN: <input type="checkbox"/> NYC-EXT <input type="checkbox"/> NYC-EXT.1 <input type="checkbox"/> NYC-4S <input type="checkbox"/> NYC-400 <input type="checkbox"/> NYC-3A <input checked="" type="checkbox"/> NYC-3L <input type="checkbox"/> NYC-4SEZ

Financial Institution Information - must be included if electronic payment is authorized		
AMOUNT OF AUTHORIZED DEBIT:	FINANCIAL INSTITUTION ROUTING NUMBER: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	FINANCIAL INSTITUTION ACCOUNT NUMBER:

Part A - Declaration and authorization of corporate officer for Forms NYC-3A, NYC-3L, NYC-4S, NYC-4SEZ, NYC-EXT, NYC-EXT.1 or NYC-400

Under penalty of perjury, I declare that I am an officer of the corporation authorized to act on behalf of the above-named corporation, and that I have examined the information on its 2015 New York City electronically filed corporation tax return, including any accompanying schedules, attachments, and statements or other report checked above, and to the best of my knowledge and belief, the electronically filed corporation tax return or other report is true, correct, and complete. The ERO has my consent to send the 2015 New York City electronically filed corporation tax return or other report checked above to New York City Department of Finance through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on the 2015 New York City electronically filed corporation tax return or other report, or I will enter my PIN as my signature on the 2015 New York City electronically filed corporation tax return or other report. If I am paying the New York City corporation tax owed by electronic funds withdrawal, I authorize the New York City Department of Finance and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on the corporation's 2015 New York City electronically filed corporation tax return or other report, and I authorize the financial institution to debit the amount from that account.

Officer's PIN (mark an X in one box only)

I authorize _____ to enter my PIN:

ERO FIRM NAME

as my signature on the corporation's 2015 electronically filed corporation tax return or other report checked above.

☒ As an authorized person of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed corporation tax return or other report checked above.

	PRESIDENT	02-28-16
Signature of authorized person	Official title	Date

Part B - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in the above-named corporation's 2015 New York City electronically filed corporation tax return or other report checked above is the information furnished to me by the corporation's authorized officer. If the corporate officer furnished me with a completed 2015 New York City paper corporation tax return or other report signed by a paid preparer, I declare that the information contained in the corporation's 2015 New York City electronically filed corporation tax return or report is identical to that contained in the paper return or report. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2015 New York City electronically filed corporation tax return or other report, and, to the best of my knowledge and belief, the return or other report is true, correct, and complete. I have based this declaration on all information available to me.

ERO EFIN/PIN: Enter your six-digit EFIN followed by your five digit PIN:

12076312345

ERO's Signature	Print Name	Date
	ALLAN C COHN CPA	02-28-16
Paid Preparer's Signature	Print Name	Date

PURPOSE - A completed Form NYC-579-GCT provides documentation that an ERO has been authorized to electronically file the General Corporation Tax return or other report. The officer of the corporation who is authorized to sign the corporation's returns may designate the ERO to electronically sign the return or other report by entering the officer's personal identification number (PIN). The form also authorizes payment of tax due on an electronically submitted return or report by an automatic clearing house (ACH) debit from a designated checking or savings account of the corporation. **You cannot revoke this authorization.**

GENERAL INSTRUCTIONS - Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return or report before the ERO transmits the electronically filed Form NYC-3A (Combined General Corporation Tax Return); NYC-3L (General Corporation Tax Return); NYC-4S (General Corporation Tax Return - short form); NYC-4SEZ (General Corporation Tax Return - EZ form); NYC-EXT (Application for 6-month Extension to File Business Income Tax Return); NYC-EXT.1 (Application for Additional Extension) or NYC-400 (Declaration of Estimated Tax by General Corporations).

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns or reports (Forms NYC-3A, NYC-3L, NYC-4S, NYC-4SEZ, NYC-EXT, NYC-EXT.1 or NYC-400). Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.

Do not mail Form NYC-579-GCT to the Department of Finance. The EROs/paid preparers must keep the completed Form NYC-579-GCT for three years from the due date of the return or report or the date the return or report was filed, whichever is later, and must present it to the Department of Finance upon request.

GENERAL CORPORATION TAX RETURN

2015

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A

For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____ and ending _____

Name VERATEX INC		Name Change <input type="checkbox"/>	
In Care Of			
Address (number and street) 534 WEST 42ND STREET #8		Address Change <input type="checkbox"/>	
City and State NEW YORK NY		Zip Code 10036	
		Country (if not U.S.)	
Business Telephone Number 516-702-3002		Date business began in NYC 01-01-76	

Taxpayer's Email Address:	
EMPLOYER IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: 150px;">13-2804148</div>	
BUSINESS CODE NUMBER AS PER FEDERAL RETURN <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: 150px;">424300</div>	

<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Final return </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Special short period return (See Instr.) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instr.) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Amended return </div>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Filing a 52- 53-week taxable year </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> A pro-forma federal return is attached </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Enter 2-character special condition code, if applicable (see instr.) </div>
--	--

<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> If the purpose of the amended return is to report a federal or state change, check the appropriate box </div>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> IRS change </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> NYS change </div>
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	<div style="border: 1px solid black; padding: 5px;"> Date of Final Determination _____ </div>
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SCHEDULE A Computation of Tax - BEGIN WITH SCH. B ON PG. 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMTS. TO SCH. A

A. Payment				Amount being paid electronically with this return		A.		Payment Amount	
Income (from Schedule B, line 26)				1.	0.	X .0885	1.		
Income (from Schedule E, line 14)				2a.	-117,165.	X .0015	2a.	0.	
Capital - Cooperative Housing Corps.				2b.		X .0004	2b.		
Enter:		BORO	BLOCK	LOT					
Income from Alternative Tax Schedule on page 2) (see instructions)						3.			
Income (see instructions) - NYC Gross Receipts:				914,296.		4.		500.	
Capital (see instructions)				5.		X .00075	5.		
Enter 2b, 3 or 4, whichever is largest, PLUS line 5)						6.		500.	
(attach Form NYC-9.7)						7.			
Credit (line 6 less line 7)						8.		500.	
(attach Form NYC-9.5)						9a.			
(attach Form NYC-9.8)						9b.			
Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)						10a.			
Credit (attach Form NYC-9.10)						10b.			
Credits (line 8 less total of lines 9a through 10b)						11.		500.	
Amount of estimated tax for period following that covered by this return:						12a.			
If for extension has been filed, enter amount from line 2 of Form NYC-EXT						12b.			
If for extension has not been filed and line 11 exceeds \$1,000, enter 25% of line 11						13.		500.	
Enter 12a and 12b						14.			
Amount from Prepayments Schedule, page 2, line G) (see instructions)						15.		500.	
Enter 13 less line 14)						16.			
Enter 14 less line 13)						17a.			
(see instructions)						17b.			
Enter 17a and 17b						17c.			
Enter 17a, 17b and 17c						18.		0.	
Enter 18 (line 16 less line 18)						19.			
Enter 19 to be (a) Refunded - Direct deposit - fill out line 20c OR Paper check						20a.			
(b) Credited to 2016 estimated tax						20b.			
Account Number		ACCOUNT TYPE				21.		500.	
Checking		Savings							

SCHEDULE A - Continued Computation of Tax - BEGIN WITH SCH. B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCH. A.

22. Issuer's allocation percentage (from Schedule E, line 15)	22.	100.0000 %
23. NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1.	23.	13,797.
THIS LINE MUST BE COMPLETED (see instr.)	24.	914,296.
24. Gross receipts or sales from federal return	24.	
25. EIN of Parent Corporation	26.	681,663.
26. Total assets from federal return	26.	
27. EIN of Common Parent Corporation	28.	68,000.
28. Compensation of stockholders (from Sched. F, line 1)	28.	
29. Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%	29.	100.0000 %

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		
B. Payment with Declaration, Form NYC-400 (1)		
C. Payment with Notice of Estimated Tax Due (2)		
D. Payment with Notice of Estimated Tax Due (3)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F (enter on Schedule A, line 14)		

ALTERNATIVE TAX SCHEDULE

Refer to page 7 of instructions before computing the alternative tax.

Net income/loss (See instructions)	1. \$	-42,604.
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instr.)	2. \$	68,000.
Total (line 1 plus line 2)	3. \$	25,396.
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)	4. \$	40,000.
Net amount (line 3 minus line 4)	5. \$	
15% of net amount (line 5 x 15%)	6. \$	
Investment income to be allocated (amount on Schedule B, line 22b x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7. \$	0.
Business income to be allocated (line 6 minus line 7)	8. \$	
Allocated investment income (line 7 x investment allocation % from Schedule D, line 2F)	9. \$	0.0000 %
Allocated business income (line 8 x business allocation % from Schedule H, line 5)	10. \$	100.0000 %
Taxable net income (line 9 plus line 10)	11. \$	0.
Tax rate	12.	8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13. \$	0.



SCHEDULE B Computation and Allocation of Entire Net Income

1. Federal taxable income before net operating loss deduction and special deductions (see instructions)	1.	-43,311.
2. Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)	2.	
3. Deductions directly attributable to subsidiary capital (attach list) (see instructions)	3.	
4. Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)	4.	
5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.) SEE STMT 1	5a.	300.
5b. NYC General Corporation Tax deducted on federal return (see instructions)	5b.	407.
6. New York City adjustments relating to (see instructions):		
(a) Employment opportunity relocation costs credit and IBZ credit	6a.	
(b) Real estate tax escalation credit	6b.	
(c) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z)	6c.	
7. Additions:		
(a) Payment for use of intangibles	7a.	
(b) Domestic Production Activities Deduction (see instructions)	7b.	
(c) Other (see instructions) (attach rider)	7c.	
8. Total additions (add lines 1 through 7c)	8.	-42,604.
9a. Dividends from subsidiary capital (itemize on rider) (see instr.)	9a.	
9b. Interest from subsidiary capital (itemize on rider) (see instructions)	9b.	
9c. Gains from subsidiary capital	9c.	
10. 50% of dividends from nonsubsidiary corporations (see instructions)	10.	
11. New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.)	11.	
12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12.	
13. NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)	13.	
14. Wages and salaries subject to federal jobs credit (attach federal Form 5884) (see instructions)	14.	
15. Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)	15.	
16. Other deductions: (see instructions) (attach rider)	16.	
17. Total deductions (add lines 9a through 16)	17.	
18. Entire net income (line 8 less line 17) (see instructions)	18.	0.
19. If the amount in line 18 is not correct, enter correct amount here and explain on rider (see instr.)	19.	
20. Investment income - (complete lines a through h below) (see instructions)		
(a) Dividends from nonsubsidiary stocks held for investment (see instructions)	20a.	
(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)	20b.	
(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	20c.	
(d) Income from assets included on line 3 of Schedule D	20d.	
(e) Add lines 20a through 20d inclusive	20e.	
(f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)	20f.	
(g) Balance (line 20e less line 20f)	20g.	
(h) Interest on bank accounts included in income reported on line 20d	20h.	
21. New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.)	21.	
22a. Investment income (line 20g less line 21)	22a.	
22b. Investment income to be allocated (see instructions)	22b.	
23. Business income to be allocated (line 18 or line 19 less line 22b)	23.	
24. Allocated investment income (line 22b multiplied by: 0.0000 % - Schedule D, line 2) (see instr.)	24.	
25. Allocated business income (line 23 multiplied by: 100.0000 % - Schedule H, line 5)	25.	0.
26. Total allocated net income (line 24 plus line 25 (enter at Schedule A, line 1))	26.	0.



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ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C Subsidiary Capital and Allocation								
A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or Indirectly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
			%				%	
1. Total Cols C, D and E (including items on rider)			1.					
2. Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5			2.					

SCHEDULE D Investment Capital and Allocation							
A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)	H Gross Income from Investment
					%		
1. Totals (incl. 1. items on rider)							
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point)			2.		%		
3. Cash - (To treat cash as investment capital, you must include it on this line.)			3.				
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10)			4.				

SCHEDULE E Computation and Allocation of Capital			
Basis used to determine average value in column C. Check one. (Attach detailed schedule.)			
<input checked="" type="checkbox"/> - Annually	<input type="checkbox"/> - Semi-annually	<input type="checkbox"/> - Quarterly	
<input type="checkbox"/> - Monthly	<input type="checkbox"/> - Weekly	<input type="checkbox"/> - Daily	
1. Total assets from federal return			
2. Real property and marketable securities included in line 1			
3. Subtract line 2 from line 1			
4. Real property and marketable securities at fair market value			
5. Adjusted total assets (add lines 3 and 4)			
6. Total liabilities (see instructions)			
7. Total capital (column C, line 5 less column C, line 6)			
8. Subsidiary capital (Schedule C, column E, line 1)			
9. Business and investment capital (line 7 less line 8) (see instructions)			
10. Investment capital (Schedule D, line 4) (see instructions)			
11. Business capital (line 9 less line 10)			
12. Allocated investment capital (line 10 x 0.0000 % from Schedule D, line 2)			
13. Allocated business capital (line 11 x 100.0000 % from Schedule H, line 5)			
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			
15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 2 - line 22. See Instr.)			

COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
642,865.	681,663.	1. 662,264.
		2.
		3. 662,264.
		4.
		5. 662,264.
738,374.	820,483.	6. 779,429.
		7. -117,165.
		8.
		9. -117,165.
		10.
		11. -117,165.
		12.
		13. -117,165.
		14. -117,165.
		15. 100.0000 %

SCHEDULE F Certain Stockholders			
Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.			
Name, Country and U.S. Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")
CLAUDE A SIMON			
12723	106-50-1158	PRESIDENT	68,000.
CLAUDE A SIMON			
12723	106-50-1158	PRESIDENT	0.
1. Total, including any amount on rider. (Enter on Schedule A, line 28)			1. 68,000.

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC

Part 1 - List location of, and rent paid or payable, if any, for each place of business **INSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total					

Part 2 - List location of, and rent paid or payable, if any, for each place of business **OUTSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total					

SCHEDULE H Business Allocation - see instructions before completing this schedule

1. Did you make an election to use fair market value in the property factor? 1. ☐ Yes ☐ No
 2. If this is your first tax year, are you making the election to use fair market value in the property factor? 2. ☐ Yes ☐ No

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned	1a.	1a.
1b. Real estate rented - multiply by 8 (see instr.) (attach rider)	1b.	1b.
1c. Inventories owned	1c.	1c.
1d. Tangible personal property owned (see instructions)	1d.	1d.
1e. Tangible personal property rented - multiply by 8 (see instr.)	1e.	1e.
1f. Total	1f.	1f.
1g. Percentage in New York City (column A divided by column B)		1g. %
1h. Multiply line 1g by 10		1h.

Receipts in the regular course of business from:

2a. Sales of tangible personal property where shipments are made to points within New York City	2a.		
2b. All sales of tangible personal property	2b.		
2c. Services performed	2c.		
2d. Rentals of property	2d.		
2e. Royalties	2e.		
2f. Other business receipts	2f.		
2g. Total	2g.		
2h. Percentage in New York City (col. A of line 2g divided by col. B)		2h.	%
2i. Multiply line 2h by 80		2i.	

3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions)	3a.		
3b. Percentage in New York City (column A divided by column B)		3b.	%
3c. Multiply line 3b by 10		3c.	

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c	4a.		
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point.	4b.		100.0000 %

Business Allocation Percentage

5. Enter percentage from line 4b. (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2). See instructions.	5.		100.0000 %
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ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels**Part 1 Business allocation for aviation corporations**

		AVERAGE FOR THE YEAR	
		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Aircraft arrivals and departures	1.		
2. New York City percentage (column A divided by column B)	2.		%
3. Revenue tons handled	3.		
4. New York City percentage (column A divided by column B)	4.		%
5. Originating revenue	5.		
6. New York City percentage (column A divided by column B)	6.		%
7. Total of lines 2, 4 and 6	7.		%
8. Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	8.		%

Part 2 Business allocation for corporations operating vessels in foreign commerce

		COLUMN A - NEW YORK CITY TERRITORIAL WATERS	COLUMN B - EVERYWHERE
1. Aggregate number of working days	1.		
2. Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	2.		%

SCHEDULE J The following information must be entered for this return to be complete. (REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity JOBBER
- 1b. Other significant business activities (attach schedule, see instructions)
2. Trade name of reporting corporation, if different from name entered on page 1
3. Is this corporation included in a consolidated federal return? YES X NO
If "YES", give parent's name _____ EIN _____
enter here and on page 2, line 25
4. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? YES X NO
If "YES", give common parent corporation's name, if any _____ EIN _____
enter here and on page 2, line 27
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? YES X NO
If "YES", by whom? Internal Revenue Service State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? YES X NO
7. Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) YES X NO
Shareholder's name: _____ SSN/EIN: _____
Interest paid to Shareholder: _____ Total indebtedness to shareholder described above: _____ Total interest paid: _____
8. Was this corporation a member of a partnership or joint venture during the tax year? YES X NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? YES X NO
10. a) If "YES" to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? YES X NO
c) Was there a partial or complete liquidation of the corporation? YES X NO
d) Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? YES X NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? YES X NO
12. If "NO" to 11, explain: _____
13. Does the corporation have one or more qualified subchapter S subsidiaries? YES X NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. Enter the number of Fed K1 returns attached: 1
15. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES X NO
16. If "YES", were all required Commercial Rent Tax Returns filed? YES X NO
Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____

SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal Form 1120S. (See instructions)

Federal 1120

	▼ Federal Amount ▼
1. Dividends	1.
2. Interest income	2.
3. Capital gain net income	3.
4. Other income	4.
5. Total income	5. 261,529.
6. Bad debts	6. 277.
7. Interest expense	7. 3,432.
8. Other deductions	8. 28,160.
9. Total deductions	9. 304,840.
10. Net operating loss deduction	10.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions) YES ☒ NO ☐ Email Address

SIGN HERE: Signature of officer		Title	PRESIDENT	Date		Preparer's SSN or PTIN
Preparer's signature		Preparer's printed name	ALLAN C COHN CPA	Check if self-employed	<input checked="" type="checkbox"/>	Date
PREPARER'S USE ONLY →		COHN & LANGER, CPAS 18 BLANCHE ST PLAINVIEW NY		11803-4607	Firm's Employer ID Number	
Firm's name (or yours, if self-employed)		Address		Zip Code	45-4014297	

MAILING INSTRUCTIONS**ATTACH COPY OF ALL PAGES OF YOUR FEDERAL TAX RETURN 1120S.**

Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

The due date for the calendar year 2015 return is on or before March 15, 2016.

For fiscal years beginning in 2015, file on or before the 15th day of the 3rd month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES
OR

Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3646
NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



All federal Subchapter S Corporations must complete this schedule and include it when filing Form NYC-1, NYC-3A, NYC-3L, NYC-4S, or NYC-4SEZ. Amounts on Part I, Lines 1 through 8, 12 and 13 and Part II, Lines 15 through 18 are carried directly from your Federal form 1120S, Schedule K.

SPECIFIC LINE INSTRUCTIONS

PART I

Line 9 - If the calculated value for line 9 is negative, enter 0.

Line 10 - The capital loss carryover from prior years that may be used in the current tax year for City purposes. This amount may not exceed the value on line 9.

Line 11 - Subtract Line 10 from Line 9.

PART II

Line 19 - If the Domestic Production Activities Deduction has been taken on the corporate level, do

not include it on line 19, but enter it on Part II Line 20.

Line 20 - If the Domestic Production Activities Deduction has not been taken on the corporate level, or if the corporation is not eligible to take the deduction, leave line 20 blank.

PART III

Line 22 - Federal Taxable Income: Calculate the value of Part I, Line 14 minus Part II, Line 21 and enter here and on Schedule B, Line 1 of your form NYC-1, NYC-3L, NYC-4S, or NYC-4SEZ. For members of a Combined Group in-

cluded in an NYC-3A, enter on Form NYC-3A, Schedule B Column A, line 1, if this form NYC-ATT-S-Corp is for the reporting corporation. For any other member of the combined group, enter on Form NYC-3A/B, Schedule B, line 1, in the column for this corporation. If there is only one other member of the combined group, enter on Form NYC-3A, Schedule B Column B, line 1. For members of a Combined Group included in an NYC-1A, this form NYC-ATT-S-CORP must be attached to the Form NYC-1 for each Subchapter S corporation included in the combined group

For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____ and ending _____

Name as shown on NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ

VERATEX INC

EMPLOYER IDENTIFICATION NUMBER

13-2804148

PART I - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S		
1. Ordinary business income (loss)	Schedule K, Line 1	1.	-43,311.
2. Net rental real estate income (loss)	Schedule K, Line 2	2.	
3. Other net rental income (loss)	Schedule K, Line 3c	3.	
4. Interest income	Schedule K, Line 4	4.	
5. Ordinary dividends	Schedule K, Line 5a	5.	
6. Royalties	Schedule K, Line 6	6.	
7. Net short-term capital gain (loss)	Schedule K, Line 7	7.	
8. Net long-term capital gain (loss)	Schedule K, Line 8a	8.	
9. Sum of lines 7 and 8	See Instructions	9.	
10. Capital Loss Carryover	See Instructions	10.	
11. Net Capital Gain	See Instructions	11.	
12. Net Section 1231 gain (loss)	Schedule K, Line 9	12.	
13. Other income (loss)	Schedule K, Line 10	13.	
14. TOTAL ADDITIONS (Sum of lines 1 through 6 plus lines 11 through 13)		14.	-43,311.

PART II - DEDUCTIONS FROM ORDINARY BUSINESS INCOME

Make applicable adjustments for C Corporation treatment of items 15 through 21

15. Section 179 deduction	Schedule K, Line 11	15.	
16. Contributions	Schedule K, Line 12a	16.	
17. Investment interest expense	Schedule K, Line 12b	17.	
18. Section 59(e)(2) expenditures	Schedule K, Line 12c(2)	18.	
19. Other deductions (do not include Domestic Productions Activities Deduction)	See Instructions	19.	
20. Domestic Production Activities Deduction (If deducted at corporate level)	See Instructions	20.	
21. TOTAL DEDUCTIONS (Sum of lines 15 through 20)		21.	

PART III - CALCULATION OF FEDERAL TAXABLE INCOME

22. Federal Taxable Income	See Instructions	22.	-43,311.
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NYC-NOLD-GCT

Department of Finance

NET OPERATING LOSS DEDUCTION COMPUTATION 2015 GENERAL CORPORATION TAX

ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ

For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____ and ending _____

Print or Type ▼

Name as shown on NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ:

VERATEX INC

EMPLOYER IDENTIFICATION NUMBER

13-2804148

SCHEDULE A - NYC Net Operating Loss Deduction Schedule (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Federal Taxable Income (Loss) before NOL and special deductions	COLUMN C - Amount from NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ (See instructions)	COLUMN D - NYC Net Operating Loss Generated (attach rider for Separate Return Limitation Year (SRLY) Loss)	COLUMN E - NYC Net Operating Loss Utilized	COLUMN F - NYC Net Operating Loss Expired	COLUMN G - NYC Net Operating Loss Remaining
A. NOL Carryforward from prior years →							
1. 20th preceding yr							
2. 19th preceding yr							
3. 18th preceding yr							
4. 17th preceding yr	12-31-98						
5. 16th preceding yr	12-31-99						
6. 15th preceding yr	12-31-00						
7. 14th preceding yr	12-31-01						
8. 13th preceding yr	12-31-02						
9. 12th preceding yr	12-31-03						
10. 11th preceding yr	12-31-04						
11. 10th preceding yr	12-31-05						
12. 9th preceding yr	12-31-06						
13. 8th preceding yr	12-31-07						
14. 7th preceding yr	12-31-08	2,062.	2,062.				
15. 6th preceding yr	12-31-09	14,130.	15,130.				
16. 5th preceding yr	12-31-10	7,545.	8,545.				
17. 4th preceding yr	12-31-11	-127,930.	-125,392.	125,392.			125,392.
18. 3rd preceding yr	12-31-12	-85,367.	-82,947.	82,947.			208,339.
19. 2nd preceding yr	12-31-13	-112,684.	-110,095.	110,095.			318,434.
20. 1st preceding yr	12-31-14	-136,229.	-133,632.	133,632.			452,066.
21. Current year	12-31-15	-43,311.	-42,604.	42,604.			494,670.

Note: Current Year's Net Operating Loss Utilized should be carried forward to NYC-3A or NYC-3L, Sch. B, Line 11 or NYC-4S, Sch. B, Line 6a or NYC-4SEZ, Sch. B, line 4.

Were there any special federal Net Operating Loss elections? YES ☒ NO ☐

SCHEDULE B - Complete the Net Operating Loss Apportionment to Investment Income (if applicable)

NYC Net Operating Loss Apportionment To Investment Income

DESCRIPTION

- Investment Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 20g
- Entire Net Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 18 or 19 plus line 11
- Ratio: (Divide line 1 by line 2)
- Net Operating Loss (NYC-3A or NYC 3L, Sch. B line 11)
- Net Operating Loss Apportionment to Investment Income (multiply line 3 by line 4 and enter on NYC-3A or NYC-3L, Sch. B line 21)

AMOUNT

	%

NYC	Federal Net Operating Loss Worksheet	2015
For calendar year 2015 or fiscal year beginning _____, ending _____		
Name VERATEX INC		Employer Identification Number 13-2804148

Preceding Taxable Year	Income/(Loss)	Prior Year		Current Year (Income Offset By NOL Carryback)/Carryover NOL Utilized	Next Year
		NOL Utilized (Income Offset)	Carryovers		Carryover
16th					
17th					
12/31/98					
16th					
12-31-99					
15th					
12-31-00					
14th					
12-31-01					
13th					
12-31-02					
12th					
12-31-03					
11th					
12-31-04					
10th					
12-31-05					
9th					
12-31-06					
8th					
12-31-07					
7th					
12-31-08	2,062				
6th					
12-31-09	14,130				
5th					
12-31-10	7,545				
4th					
12-31-11	-127,930		127,930		127,930
3rd					
12-31-12	-85,367		85,367		85,367
2nd					
12-31-13	-112,684		112,684		112,684
1st					
12-31-14	-136,229		136,229		136,229
NOL Carryover Available To Current Year			462,210		
Current Year	-43,311				43,311
NOL Carryover Available To Next Year					505,521

New York Statements

Statement 1 - Form NYC-3L, Page 3, Schedule B, Lines 5a and 5b - NY State Franchise Tax and Other Taxes

Description	NYS Tax	MTA Tax	New York City Tax	Other Income Taxes
NYS CORP TAXES	\$ 300			
NYC CORP TAXES			407	
Total	\$ 300	\$ 0	\$ 407	\$ 0