

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

**VERATEX INC**  
**534 WEST 42ND STREET #8**  
**NEW YORK, NY 10036**  
**|||||||**

**Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747  
516-702-3002**

March 9, 2022

**CONFIDENTIAL**

VERATEX INC  
534 WEST 42ND STREET #8  
NEW YORK, NY 10036

Dear CLAUDE:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)  
New York S Corporation Franchise Tax Return (Form CT-3-S)  
New York City General Corporation Tax Return (Form NYC-3L)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Arthur Langer CPA PC

## **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, 2021**

**Date Due:** March 15, 2022

**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:

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

***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 1120-S to the IRS it will delay processing of your return.



Form **1120-S**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.

Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

OMB No. 1545-0123

**2021**

For calendar year 2021 or tax year beginning , ending

<b>A</b> S election effective date <b>01/01/76</b>	<b>TYPE</b>  <b>OR</b>  <b>PRINT</b>	<b>Name</b> <b>VERATEX INC</b>	<b>D</b> Employer identification number <b>13-2804148</b>
<b>B</b> Business activity code number (see instructions) <b>424300</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>534 WEST 42ND STREET #8</b>	<b>E</b> Date incorporated <b>01/01/1976</b>
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK NY 10036</b>	<b>F</b> Total assets (see instructions)  \$ <b>450,852</b>

- G** Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No
- H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination
- I** Enter the number of shareholders who were shareholders during any part of the tax year **1**
- J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	<b>732,216</b>	
	<b>b</b> Returns and allowances	<b>1b</b>	<b>1,269</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c</b> <b>730,947</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b> <b>489,475</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b> <b>241,472</b>
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797)			<b>4</b>
<b>Deductions (see instructions for limitations)</b>	<b>5</b> Other income (loss) (see instructions—attach statement)			<b>5</b>
	<b>6</b> Total income (loss). Add lines 3 through 5			<b>6</b> <b>241,472</b>
	<b>7</b> Compensation of officers (see instructions—attach Form 1125-E)			<b>7</b> <b>50,000</b>
	<b>8</b> Salaries and wages (less employment credits)			<b>8</b> <b>101,862</b>
	<b>9</b> Repairs and maintenance			<b>9</b> <b>40</b>
	<b>10</b> Bad debts			<b>10</b>
	<b>11</b> Rents			<b>11</b> <b>12,000</b>
	<b>12</b> Taxes and licenses			<b>12</b> <b>13,510</b>
	<b>13</b> Interest (see instructions)			<b>13</b> <b>2,638</b>
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			<b>14</b>
	<b>15</b> Depletion (Do not deduct oil and gas depletion.)			<b>15</b>
	<b>16</b> Advertising			<b>16</b>
	<b>17</b> Pension, profit-sharing, etc., plans			<b>17</b>
	<b>18</b> Employee benefit programs			<b>18</b> <b>84,602</b>
	<b>19</b> Other deductions (attach statement) <b>See Stmt 1</b>			<b>19</b> <b>26,822</b>
<b>20</b> Total deductions. Add lines 7 through 19			<b>20</b> <b>291,474</b>	
<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6			<b>21</b> <b>-50,002</b>	
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions)	<b>22a</b>		
	<b>b</b> Tax from Schedule D (Form 1120-S)	<b>22b</b>		
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes)			<b>22c</b>
	<b>23a</b> 2021 estimated tax payments and 2020 overpayment credited to 2021	<b>23a</b>		
	<b>b</b> Tax deposited with Form 7004	<b>23b</b>		
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136)	<b>23c</b>		
	<b>d</b> Add lines 23a through 23c			<b>23d</b>
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			<b>24</b>
	<b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			<b>25</b>
	<b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			<b>26</b>
<b>27</b> Enter amount from line 26: Credited to 2022 estimated tax <b>Refunded</b>			<b>27</b>	

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

<b>Sign Here</b>	Signature of officer <b>CLAUDE A SIMON</b>	Date	Title <b>President</b>	
	Print/Type preparer's name <b>Arthur Langer CPA</b>	Preparer's signature <b>Arthur Langer CPA</b>	Date <b>03/09/22</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P01396073</b>
	Firm's name <b>Arthur Langer CPA PC</b>	Firm's EIN <b>81-4277329</b>		
<b>Paid Preparer Use Only</b>	Firm's address <b>52 Clubhouse Circle Melville, NY 11747</b>	Phone no. <b>516-702-3002</b>		

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2021)



**Schedule B Other Information** (see instructions) (continued)

	Yes	No
<b>12</b> 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? .....		<b>X</b>
If "Yes," enter the amount of principal reduction ..... ▶ \$ .....		
<b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .....		<b>X</b>
<b>14a</b> Did the corporation make any payments in 2021 that would require it to file Form(s) 1099? .....		<b>X</b>
<b>b</b> If "Yes," did the corporation file or will it file required Forms 1099? .....		
<b>15</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....		<b>X</b>
If "Yes," enter the amount from Form 8996, line 15 ..... ▶ \$ .....		

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

		Total amount
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 21) .....	<b>1</b> -50,002
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) .....	<b>2</b>
	<b>3a</b> Other gross rental income (loss) .....	<b>3a</b>
	<b>b</b> Expenses from other rental activities (attach statement) .....	<b>3b</b>
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a .....	<b>3c</b>
	<b>4</b> Interest income .....	<b>4</b>
	<b>5</b> Dividends: <b>a</b> Ordinary dividends .....	<b>5a</b>
	<b>b</b> Qualified dividends .....	<b>5b</b>
	<b>6</b> Royalties .....	<b>6</b>
	<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....	<b>7</b>
<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....	<b>8a</b>	
<b>b</b> Collectibles (28%) gain (loss) .....	<b>8b</b>	
<b>c</b> Unrecaptured section 1250 gain (attach statement) .....	<b>8c</b>	
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) .....	<b>9</b>	
<b>10</b> Other income (loss) (see instructions) ..... Type ▶ .....	<b>10</b>	
<b>Deductions</b>	<b>11</b> Section 179 deduction (attach Form 4562) .....	<b>11</b>
	<b>12a</b> Charitable contributions .....	<b>12a</b>
	<b>b</b> Investment interest expense .....	<b>12b</b>
	<b>c</b> Section 59(e)(2) expenditures ..... Type ▶ .....	<b>12c</b>
	<b>d</b> Other deductions (see instructions) ..... Type ▶ .....	<b>12d</b>
<b>Credits</b>	<b>13a</b> Low-income housing credit (section 42(j)(5)) .....	<b>13a</b>
	<b>b</b> Low-income housing credit (other) .....	<b>13b</b>
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....	<b>13c</b>
	<b>d</b> Other rental real estate credits (see instructions) ..... Type ▶ .....	<b>13d</b>
	<b>e</b> Other rental credits (see instructions) ..... Type ▶ .....	<b>13e</b>
	<b>f</b> Biofuel producer credit (attach Form 6478) .....	<b>13f</b>
	<b>g</b> Other credits (see instructions) ..... Type ▶ .....	<b>13g</b>
<b>International Transactions</b>	<b>14</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ..... ▶ <input type="checkbox"/>	
<b>Alternative Minimum Tax (AMT) Items</b>	<b>15a</b> Post-1986 depreciation adjustment .....	<b>15a</b>
	<b>b</b> Adjusted gain or loss .....	<b>15b</b>
	<b>c</b> Depletion (other than oil and gas) .....	<b>15c</b>
	<b>d</b> Oil, gas, and geothermal properties – gross income .....	<b>15d</b>
	<b>e</b> Oil, gas, and geothermal properties – deductions .....	<b>15e</b>
	<b>f</b> Other AMT items (attach statement) .....	<b>15f</b>
<b>Items Affecting Shareholder Basis</b>	<b>16a</b> Tax-exempt interest income .....	<b>16a</b>
	<b>b</b> Other tax-exempt income .....	<b>16b</b>
	<b>c</b> Nondeductible expenses .....	<b>16c</b>
	<b>d</b> Distributions (attach statement if required) (see instructions) .....	<b>16d</b>
	<b>e</b> Repayment of loans from shareholders .....	<b>16e</b>
	<b>f</b> Foreign taxes paid or accrued .....	<b>16f</b>

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

		Total amount	
Other Information	<b>17a</b> Investment income .....	<b>17a</b>	
	<b>b</b> Investment expenses .....	<b>17b</b>	
	<b>c</b> Dividend distributions paid from accumulated earnings and profits .....	<b>17c</b>	
	<b>d</b> Other items and amounts (attach statement) ..... <b>See Statement 2</b>		
Reconciliation	<b>18 Income (loss) reconciliation.</b> 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 16f .....	<b>18</b>	<b>-50,002</b>

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
<b>1</b>	Cash .....		<b>1,228</b>		<b>3,245</b>
<b>2a</b>	Trade notes and accounts receivable .....	<b>71,307</b>		<b>82,807</b>	
<b>b</b>	Less allowance for bad debts .....	( )	<b>71,307</b>	( )	<b>82,807</b>
<b>3</b>	Inventories .....		<b>388,813</b>		<b>364,800</b>
<b>4</b>	U.S. government obligations .....				
<b>5</b>	Tax-exempt securities (see instructions) .....				
<b>6</b>	Other current assets (attach statement) .....				
<b>7</b>	Loans to shareholders .....				
<b>8</b>	Mortgage and real estate loans .....				
<b>9</b>	Other investments (attach statement) .....				
<b>10a</b>	Buildings and other depreciable assets .....				
<b>b</b>	Less accumulated depreciation .....	( )		( )	
<b>11a</b>	Depletable assets .....				
<b>b</b>	Less accumulated depletion .....	( )		( )	
<b>12</b>	Land (net of any amortization) .....				
<b>13a</b>	Intangible assets (amortizable only) .....				
<b>b</b>	Less accumulated amortization .....	( )		( )	
<b>14</b>	Other assets (attach statement) .....				
<b>15</b>	Total assets .....		<b>461,348</b>		<b>450,852</b>
<b>Liabilities and Shareholders' Equity</b>					
<b>16</b>	Accounts payable .....		<b>62,943</b>		<b>69,593</b>
<b>17</b>	Mortgages, notes, bonds payable in less than 1 year .....		<b>78,284</b>		
<b>18</b>	Other current liabilities (attach statement) <b>Stmt 3</b> .....				<b>5,341</b>
<b>19</b>	Loans from shareholders .....		<b>1,102,332</b>		<b>1,016,985</b>
<b>20</b>	Mortgages, notes, bonds payable in 1 year or more .....				<b>191,146</b>
<b>21</b>	Other liabilities (attach statement) .....				
<b>22</b>	Capital stock .....		<b>125,000</b>		<b>125,000</b>
<b>23</b>	Additional paid-in capital .....				
<b>24</b>	Retained earnings .....		<b>-907,211</b>		<b>-957,213</b>
<b>25</b>	Adjustments to shareholders' equity (attach statement) .....				
<b>26</b>	Less cost of treasury stock .....	( )		( )	
<b>27</b>	Total liabilities and shareholders' equity .....		<b>461,348</b>		<b>450,852</b>



**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.

<b>1</b> Net income (loss) per books .....	<b>-50,002</b>	<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) .....		<b>a</b> Tax-exempt interest \$ .....	
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		<b>6</b> Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
<b>a</b> Depreciation \$ .....		<b>a</b> Depreciation \$ .....	
<b>b</b> Travel and entertainment \$ .....		<b>7</b> Add lines 5 and 6 .....	
<b>4</b> Add lines 1 through 3 .....	<b>-50,002</b>	<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 ..	<b>-50,002</b>

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

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year .....	<b>-907,211</b>			
<b>2</b> Ordinary income from page 1, line 21 .....				
<b>3</b> Other additions .....				
<b>4</b> Loss from page 1, line 21 .....	( <b>50,002</b> )			
<b>5</b> Other reductions .....	( )			( )
<b>6</b> Combine lines 1 through 5 .....	<b>-957,213</b>			
<b>7</b> Distributions .....				
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 .....	<b>-957,213</b>			

Form **1120-S** (2021)

Form

**1125-A**(Rev. November 2018)  
Department of the Treasury  
Internal Revenue Service**Cost of Goods Sold**

OMB No. 1545-0123

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**  
▶ **Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.**

Name

**VERATEX INC**

Employer identification number

**13-2804148**

<b>1</b>	Inventory at beginning of year	<b>1</b>	<b>388,813</b>
<b>2</b>	Purchases	<b>2</b>	<b>449,393</b>
<b>3</b>	Cost of labor	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach schedule)	<b>4</b>	
<b>5</b>	Other costs (attach schedule) <b>Stmt 4</b>	<b>5</b>	<b>16,069</b>
<b>6</b>	<b>Total.</b> Add lines 1 through 5	<b>6</b>	<b>854,275</b>
<b>7</b>	Inventory at end of year	<b>7</b>	<b>364,800</b>
<b>8</b>	<b>Cost of goods sold.</b> 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	<b>8</b>	<b>489,475</b>

**9a** Check all methods used for valuing closing inventory:

- (i) ☒ Cost
- (ii) ☐ Lower of cost or market
- (iii) ☐ Other (Specify method used and attach explanation.) ▶

**b** Check if there was a writedown of subnormal goods ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter 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 ☐ Yes ☒ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No**For Paperwork Reduction Act Notice, see instructions.**Form **1125-A** (Rev. 11-2018)

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**Schedule K-1  
(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2021**

For calendar year 2021, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning ending **Shareholder's Share of Income, Deductions, Credits, etc.**

▶ See 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****D** Corporation's total number of shares  
Beginning of tax year 100  
End of tax year 100**Part II Information About the Shareholder****E** Shareholder's identifying number  
**106-50-1158****F** Shareholder's name, address, city, state, and ZIP code  
**CLAUDE A SIMON**  
**71 TONJES ROAD**  
**CALLICOON NY 12723****G** Current year allocation percentage 100.000000 %**H** Shareholder's number of shares  
Beginning of tax year 100  
End of tax year 100**I** Loans from shareholder  
Beginning of tax year \$ 0  
End of tax year \$ 0

For IRS Use Only

**Part III****Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss) <b>-50,002</b>	<b>13</b>	Credits
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>6</b>	Royalties	<b>15</b>	Alternative minimum tax (AMT) items
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)	<b>16</b>	Items affecting shareholder basis
<b>10</b>	Other income (loss)		
		<b>17</b>	Other information <b>V*</b> <b>STMT</b>
<b>11</b>	Section 179 deduction	<b>AC*</b>	<b>STMT</b>
<b>12</b>	Other deductions		
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

## Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

OMB No. 1545-0123

Employer identification number

13-2804148

**Note:** Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
<b>1 CLAUDE A SIMON</b>	<b>106-50-1158</b>	<b>100.000 %</b>	<b>100.000 %</b>	%	<b>50,000</b>
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		%	%	%	
		%	%	%	
<b>2 Total compensation of officers .....</b>				<b>2</b>	<b>50,000</b>
<b>3 Compensation of officers claimed on Form 1125-A or elsewhere on return .....</b>				<b>3</b>	
<b>4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return .....</b>				<b>4</b>	<b>50,000</b>

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **1125-E** (Rev. 10-2016)

# Section 199A Information Worksheet

Form **1120-S**

**2021**

For calendar year 2021 or tax year beginning , ending

Name <b>VERATEX INC</b>	Employer Identification Number <b>13-2804148</b>
----------------------------	---

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	<b>Page 1 Activity</b>				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	-50,002				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
<b>W-2 wages</b>	<b>151,862</b>				
<b>Qualified property</b>					

**Other Information:**  
 QBI allocable to cooperative pmts received  
 W-2 wages allocable to qualified payments  
 Section 199A(g) deduction

**Section 199A REIT dividends**

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

<u>Description</u>	<u>Amount</u>
INSURANCE	\$ 8,591
LEGAL & PROFESSIONAL	8,122
TELEPHONE	4,240
TRUCK & DELIVERY	2,529
BANK CHARGES	1,918
POSTAGE	743
OFFICE SUPPLIES	393
PROMOTION	286
Total	\$ <u>26,822</u>

**Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts**

<u>Description</u>	<u>Amount</u>
Section 199A Information - See Attached Wrk	\$

**Statement 3 - Form 1120-S, Page 4, Schedule L, Line 18 - Other Current Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL TAXES PAYABLE	\$	\$ 4,115
SEP PAYABLE		1,226
Total	\$ <u>0</u>	\$ <u>5,341</u>

**Statement 4 - Form 1125-A, Line 5 - Other Costs**

<u>Description</u>	<u>Amount</u>
STORAGE	\$ 1,498
FREIGHT	14,571
Total	<u>\$ 16,069</u>

Federal Statements  
CLAUDE A SIMON  
106-50-1158

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2020	589,223
8990 Gross Receipts for 2019	913,069
8990 Gross Receipts for 2018	638,638



**Schedule K-1, Box 17, Code V**  
**Shareholder's Section 199A Information**

Form **1120-S**  
**Schedule K-1**

**2021**

For calendar year 2021 or tax year beginning , ending

Name  
**VERATEX INC**  
**CLAUDE A SIMON**

Taxpayer Identification Number  
**13-2804148**  
**106-50-1158**

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	<b>Page 1 Activity</b>				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	-50,002				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
<b>W-2 wages</b>	<b>151,862</b>				
<b>Qualified property</b>					

**Other Information:**  
QBI allocable to cooperative pmts received  
W-2 wages allocable to qualified payments  
Section 199A(g) deduction

**Section 199A REIT dividends**

## **Filing Instructions**

### **VERATEX INC**

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

**Taxable Year Ended December 31, 2021**

**Date Due:** March 15, 2022

**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 12/31/21" 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:

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

**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 Authorization for Tax Year 2021

## For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

**TR-579-CT**

(8/21)

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 INC
---------------------------	-------------

Return type (mark an **X** for 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-183 ☐ CT-183-M ☐ CT-184 ☐ CT-184-M ☐  
 CT-186-E ☐ CT-300 ☐ 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*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; 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 electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at [www.tax.ny.gov](http://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)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2021 Corporation Tax Extensions*.

**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, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400**

Under penalty of perjury, I declare that I have examined the information on this 2021 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 2021 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 2021 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 two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title CLAUDE A SIMON PRESIDENT	Date 03-09-22
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**Part B – Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2021 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2021 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 2021 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	Print name	Date
Paid preparer's signature ARTHUR LANGER CPA	Print name ARTHUR LANGER CPA	Date 03-09-22



Department of Taxation and Finance

**New York S Corporation Franchise Tax Return****CT-3-S**

Tax Law – Articles 9-A and 22

All filers must enter tax period:

Final return (see instructions) ☐Amended return ☐beginning  ending 

Employer identification number (EIN) <b>13-2804148</b>		File number <b>AA6</b>	Business telephone number <b>516-702-3002</b>	If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/>	
Legal name of corporation <b>VERATEX INC</b>			Trade name/DBA		
Mailing address Care of (c/o)			State or country of incorporation <b>NY</b>		
Number and street or PO box <b>534 WEST 42ND STREET #8</b>			Date of incorporation <b>01-01-1976</b>	Foreign corporations: date began business in NYS	
City <b>NEW YORK</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>10036</b>	Country (if not United States)		For office use only
NAICS business code number (from <i>NYS Pub 910</i> ) <b>424300</b>		If you need to update your address or phone information for corporation tax,		New York S election effective date <b>01-01-76</b>	
NYS principal business activity <b>JOBBER</b>			or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		
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 <b>1</b>		
<b>A</b> Pay amount shown on Part 2, line 46. Make payable to: <b>New York State Corporation Tax</b> ◀ Attach your payment here. Detach all check stubs. (See instructions for details.)				<b>A</b> Payment enclosed <b>300.</b>	

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-60, if applicable; (4) any applicable credit claim forms, (5) Form CT-225, if applicable; and (6) Form CT-227, if applicable.

- B** If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C** Enter your business apportionment factor (from Part 3, line 56)
- 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 *New York S corporation termination year in instructions*)  
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(i) ☐
- 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 ☒
- M** Enter the amount, if any, of tax paid from federal Form 1120S, line 22c
- N** If you include the activities of a qualified subchapter S subsidiary (QSSS), partnership, single member limited liability company (SMLLC), or DISC in this return, or have other affiliated entities, mark an **X** in the box and attach Form CT-60 ☐

440001211022



**O** Were you required to report any nonqualified deferred compensation, as required by IRC §457A, on your 2021 federal return? (see instructions) ..... Yes ☐ No ☒

**P** If you are a foreign corporation computing your tax taking into account **only** your distributive shares from **multiple** limited partnerships, mark an **X** in the box ..... ☐

**Q** If you made a voluntary contribution to any available funds, mark an **X** in the box and attach Form CT-227 ..... ☐

### Part 1 – Federal Form 1120S information

**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.)**

<b>1</b> Ordinary business income or loss .....	<b>1</b>	-50,002.
<b>2</b> Net rental real estate income or loss .....	<b>2</b>	
<b>3</b> Other net rental income or loss .....	<b>3</b>	
<b>4</b> Interest income .....	<b>4</b>	
<b>5</b> Ordinary dividends .....	<b>5</b>	
<b>6</b> Royalties .....	<b>6</b>	
<b>7</b> Net short-term capital gain or loss .....	<b>7</b>	
<b>8</b> Net long-term capital gain or loss .....	<b>8</b>	
<b>9</b> Net section 1231 gain or loss .....	<b>9</b>	
<b>10</b> Other income or loss .....	<b>10</b>	
<b>11</b> Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d) Beginning of tax year ..... End of tax year .....		
<b>12</b> Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d) Beginning of tax year ..... 461,348. End of tax year ..... 450,852.		
<b>13</b> Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d) Beginning of tax year ..... 1,102,332. End of tax year ..... 1,016,985.		

**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.)**

	<b>A</b> Accumulated adjustments account	<b>B</b> Shareholders' undistributed taxable income previously taxed	<b>C</b> Accumulated earnings and profits	<b>D</b> Other adjustments account
<b>14</b> Balance at beginning of tax year .....	-907,211.			
<b>15</b> Ordinary income from federal Form 1120S, page 1, line 21 .....				
<b>16</b> Other additions .....				
<b>17</b> Loss from federal Form 1120S page 1, line 21 .....	-50,002.			
<b>18</b> Other reductions .....				
<b>19</b> Combine lines 14 through 18 .....	-957,213.			
<b>20</b> Distributions .....				
<b>21</b> Balance at end of tax year. Subtract line 20 from line 19 .....	-957,213.			



**Part 2 – 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 ☒**You must enter an amount on line 22; if none, enter 0.**

22	New York receipts (from Part 3, line 55, column A (New York State))	22	730,947.
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.

**Composition of prepayments** (see instructions):

	Date paid	Amount
32	Mandatory first installment	
33	Second installment from Form CT-400	
34	Third installment from Form CT-400	
35	Fourth installment from Form CT-400	
36	Payment with extension request from Form CT-5.4	
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 <b>X</b> 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**

44	Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1)	44	
45	Add lines 31, 40, 41, 42, and 44	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	
50	Refund of unused special additional mortgage recording tax credit (see instructions)	50	
51	Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period	51	



**Part 3 – Computation of business apportionment factor** (see instructions)Mark an **X** in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see instr.) ..... ☐

		A – New York State	B – Everywhere
<b>Section 210-A.2</b>			
1 Sales of tangible personal property .....	1		
2 Sales of electricity .....	2		
3 Net gains from sales of real property .....	3		
<b>Section 210-A.3</b>			
4 Rentals of real and tangible personal property .....	4		
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property .....	5		
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event .....	6		
<b>Section 210-A.4</b>			
7 Sale, licensing, or granting access to digital products .....	7		

**Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)**8 To make this irrevocable election, mark an **X** in the box (see instructions) ..... ☐ 8 ☐**Section 210-A.5(a)(2) – Mark an **X** in each box that is applicable** (see line 8 instructions)

<b>Section 210-A.5(a)(2)(A)</b>			
9 Interest from loans secured by real property .....	9		
10 Net gains from sales of loans secured by real property .....	10		
11 Interest from loans <b>not</b> secured by real property (QFI <input type="checkbox"/> ) .....	11		
12 Net gains from sales of loans <b>not</b> secured by real property (QFI <input type="checkbox"/> ) .....	12		
<b>Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)</b>			
13 Interest from federal debt .....	13		
<b>Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)</b>			
14			
15 Interest from NYS and its political subdivisions debt .....	15		
16 Net gains from federal, NYS, and NYS political subdivisions debt .....	16		
17 Interest from other states and their political subdivisions debt .....	17		
18 Net gains from other states and their political subdivisions debt .....	18		
<b>Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)</b>			
19 Interest from asset-backed securities and other government agency debt .....	19		
20 Net gains from government agency debt or asset-backed securities sold through an exchange .....	20		
21 Net gains from all other asset-backed securities .....	21		
<b>Section 210-A.5(a)(2)(E) (QFI <input type="checkbox"/>)</b>			
22 Interest from corporate bonds .....	22		
23 Net gains from corporate bonds sold through broker/dealer or licensed exchange .....	23		
24 Net gains from other corporate bonds .....	24		
<b>Section 210-A.5(a)(2)(F) (QFI <input type="checkbox"/>)</b>			
25 Net interest from reverse repurchase and securities borrowing agreements .....	25		
<b>Section 210-A.5(a)(2)(G) (QFI <input type="checkbox"/>)</b>			
26 Net interest from federal funds .....	26		
<b>Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)</b>			
27 Net income from sales of physical commodities .....	27		
<b>Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)</b>			
28 Marked to market net gains .....	28		
<b>Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)</b>			
29 Interest from other financial instruments .....	29		
<b>Section 210-A.5(a)(2)(K) (QFI <input type="checkbox"/>)</b>			
30 Net gains and other income from other financial instruments .....	30		



**Part 3 – Computation of business apportionment factor** *(continued)*

		A – New York State	B – Everywhere
<b>Section 210-A.5(b)</b>			
31 Brokerage commissions	• 31		
32 Margin interest earned on behalf of brokerage accounts	• 32		
33 Fees for advisory services for underwriting or management of underwriting	• 33		
34 Receipts from primary spread of selling concessions	• 34		
35 Receipts from account maintenance fees	• 35		
36 Fees for management or advisory services	• 36		
37 Interest from an affiliated corporation	• 37		
<b>Section 210-A.5(c)</b>			
38 Interest, fees, and penalties from credit cards	• 38		
39 Service charges and fees from credit cards	• 39		
40 Receipts from merchant discounts	• 40		
41 Receipts from credit card authorizations and settlement processing	• 41		
42 Other credit card processing receipts	• 42		
<b>Section 210-A.5(d)</b>			
43 Receipts from certain services to investment companies	• 43		
<b>Section 210-A.5-a</b>			
44 Global intangible low-taxed income	• 44	0 00	
<b>Section 210-A.6</b>			
45 Receipts from railroad and trucking business	• 45		
<b>Section 210-A.6-a</b>			
46 Receipts from the operation of vessels	• 46		
<b>Section 210-A.7</b>			
47 Receipts from air freight forwarding	• 47		
48 Receipts from other aviation services	• 48		
<b>Section 210-A.8</b>			
49 Advertising in newspapers or periodicals	• 49		
50 Advertising on television or radio	• 50		
51 Advertising via other means	• 51		
<b>Section 210-A.9</b>			
52 Transportation or transmission of gas through pipes	• 52		
<b>Section 210-A.10</b>			
53 Receipts from other services/activities not specified	• 53	730,947.	730,947.
<b>Section 210-A.11</b>			
54 Discretionary adjustments	• 54		
<b>Total receipts</b>			
55 Add lines 1 through 54 in columns A and B	• 55	730,947.	730,947.

**Calculation of business apportionment factor**

56 New York State business apportionment factor *(divide line 55, column A by line 55, column B and enter the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions)*

• 56 1.000000





**Amended return information**If 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: • \_\_\_\_\_

<b>Third – party designee</b> (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ARTHUR LANGER CPA	Designee's phone number 516-702-3002
	Designee's email 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.

<b>Authorized person</b>	Printed name of authorized person CLAUDE A SIMON	Signature of authorized person	Official title PRESIDENT	
	Email address of authorized person ARTHUR@CPALANGER.COM		Telephone number 516-702-3002	Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) ARTHUR LANGER CPA PC		Firm's EIN 81-4277329	Preparer's PTIN or SSN P01396073
	Signature of individual preparing this return ARTHUR LANGER CPA	Address 52 CLUBHOUSE CIRCLE MELVILLE	City NY	State 11747
	Email address of individual preparing this return		Preparer's NYTPRIN or 03	Excl. code 03
			Date 03-09-22	

See instructions for where to file.





Department of Taxation and Finance

# New York S Corporation Shareholders' Information Schedule

**CT-34-SH**

Legal name of corporation <b>VERATEX INC</b>	Employer identification number (EIN) <b>13-2804148</b>
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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)

<b>Additions</b>	<b>1</b>	New York State franchise tax imposed under Article 9-A .....	<b>1</b>	300.
	<b>2</b>	Federal depreciation deduction from Form CT-399, if applicable .....	<b>2</b>	
	<b>3</b>	Other additions (attach Form CT-225) .....	<b>3</b>	
	<b>3a</b>	New York addition adjustments due to decoupling from the Internal Revenue Code (IRC) .....	<b>3a</b>	
<b>Subtractions</b>	<b>4</b>	Allowable New York depreciation from Form CT-399, if applicable .....	<b>4</b>	
	<b>5</b>	Other subtractions (attach Form CT-225) .....	<b>5</b>	
	<b>5a</b>	New York subtraction adjustments due to decoupling from the IRC .....	<b>5a</b>	
<b>Other items</b> (attach explanation)	<b>6</b>	Additions to itemized deductions .....	<b>6</b>	
	<b>7</b>	Subtractions from itemized deductions .....	<b>7</b>	

**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)

<b>8</b>	START-UP NY business certificate number .....	<b>8</b>	
<b>9</b>	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10) .....	<b>9</b>	
<b>10</b>	START-UP NY telecommunication services excise tax credit (Form CT-640) .....	<b>10</b>	
<b>11</b>	Recapture of START-UP NY tax benefits (Form CT-645) .....	<b>11</b>	
<b>12</b>	START-UP NY tax elimination credit tax-free NY area allocation factor (Form CT-638) .....	<b>12</b>	
<b>13</b>	START-UP NY tax elimination credit business allocation factor (Form CT-638) .....	<b>13</b>	

**START-UP NY tax elimination credit factors from partnership** (for multiple partnerships attach separate statement; see instructions)

<b>14</b>	START-UP NY partnership EIN .....	<b>14</b>	
<b>15</b>	START-UP NY business certificate number (obtain number from your partnership) .....	<b>15</b>	
<b>16</b>	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership) .....	<b>16</b>	
<b>17</b>	START-UP NY tax elimination credit tax-free NY area allocation factor (obtain factor from your partnership) .....	<b>17</b>	
<b>18</b>	START-UP NY tax elimination credit business allocation factor (obtain factor from your partnership) .....	<b>18</b>	

**Investment tax credits** (see instructions)

<b>19</b>	Investment tax credit and employment incentive credit (Form CT-46) .....	<b>19</b>	
<b>20</b>	Investment tax credit on research and development property (Form CT-46) .....	<b>20</b>	
<b>21</b>			
<b>22</b>	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) .....	<b>22</b>	

**Empire zone (EZ) tax credits** (see instructions)

<b>23</b>	EZ investment tax credit (Form CT-603) .....	<b>23</b>	
<b>24</b>			
<b>25</b>	Recaptured tax credit – EZ investment tax credit or EZ investment tax credit for financial services industry (Form CT-603 or CT-605) .....	<b>25</b>	

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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 <i>(Form CT-606)</i>	•	26	
27 Net recapture of QEZE real property tax credit <i>(Form CT-606)</i>	•	27	
28 QEZE tax reduction credit employment increase factor <i>(Form CT-604)</i>	•	28	
29 QEZE tax reduction credit zone allocation factor <i>(Form CT-604)</i>	•	29	
30 QEZE tax reduction credit benefit period factor <i>(Form CT-604)</i>	•	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 <i>(obtain factor from your partnership)</i>	•	32	
33 QEZE zone allocation factor <i>(obtain factor from your partnership)</i>	•	33	
34 QEZE benefit period factor <i>(obtain factor from your partnership)</i>	•	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 <i>(Form CT-40)</i>	•	39	
40 Credit for employment of persons with disabilities <i>(Form CT-41)</i>	•	40	
41 Rehabilitation of historic properties credit <i>(Form CT-238; also see Form CT-34-SH-I regarding project number reporting)</i>	•	41	
42 Recapture of rehabilitation of historic properties credit <i>(Form CT-238)</i>	•	42	
43 Clean heating fuel credit <i>(Form CT-241)</i>	•	43	
44			
45 Empire State commercial production credit <i>(Form CT-246)</i>	•	45	
46 Empire State film production credit for the current year <i>(Form CT-248)</i>	•	46	
47 Empire State film production credit for the second year <i>(Form CT-248)</i>	•	47	
48 Empire State film production credit for the third year <i>(Form CT-248)</i>	•	48	
49 Long-term care insurance credit <i>(Form CT-249)</i>	•	49	
50 Credit for purchase of an automated external defibrillator <i>(Form CT-250)</i>	•	50	
51 Empire State film post-production credit for the current year <i>(Form CT-261)</i>	•	51	
52 Empire State film post-production credit for the second year <i>(Form CT-261)</i>	•	52	
53 Empire State film post-production credit for the third year <i>(Form CT-261)</i>	•	53	
54 Excelsior jobs tax credit component <i>(Form CT-607)</i>	•	54	
55 Excelsior investment tax credit component <i>(Form CT-607)</i>	•	55	
56 Excelsior research and development tax credit component <i>(Form CT-607)</i>	•	56	
57 Excelsior real property tax credit component <i>(Form CT-607)</i>	•	57	
57a Excelsior child care services tax credit component <i>(Form CT-607)</i>	•	57a	
58 Recapture of excelsior jobs program tax credit <i>(Form CT-607)</i>	•	58	
59 Brownfield redevelopment tax credit site preparation credit component <i>(Form CT-611)</i>	•	59	
60 Brownfield redevelopment tax credit tangible property credit component <i>(Form CT-611)</i>	•	60	
61 Brownfield redevelopment tax credit on-site groundwater remediation credit component <i>(Form CT-611)</i>	•	61	
62 Recapture of brownfield redevelopment tax credit <i>(Form CT-611)</i>	•	62	
63 Brownfield redevelopment tax credit site preparation credit component <i>(Form CT-611.1)</i>	•	63	
64 Brownfield redevelopment tax credit tangible property credit component <i>(Form CT-611.1)</i>	•	64	
65 Brownfield redevelopment tax credit on-site ground water remediation credit component <i>(Form CT-611.1)</i>	•	65	
66 Recapture of brownfield redevelopment tax credit <i>(Form CT-611.1)</i>	•	66	
67 Brownfield redevelopment tax credit site preparation credit component <i>(Form CT-611.2)</i>	•	67	
68 Brownfield redevelopment tax credit tangible property credit component <i>(Form CT-611.2)</i>	•	68	
69 Brownfield redevelopment tax credit on-site ground water remediation credit component <i>(Form CT-611.2)</i>	•	69	
70 Recapture of brownfield redevelopment tax credit <i>(Form CT-611.2)</i>	•	70	
71 Remediated brownfield credit for real property taxes <i>(Form CT-612)</i>	•	71	
72 Recapture of remediated brownfield credit for real property taxes <i>(Form CT-612)</i>	•	72	

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

<b>73</b> Environmental remediation insurance credit <i>(Form CT-613)</i> .....	•	<b>73</b>	
<b>74</b> Recapture of environmental remediation insurance credit <i>(Form CT-613)</i> .....	•	<b>74</b>	
<b>75</b> Security officer training tax credit <i>(attach Form CT-631)</i> .....	•	<b>75</b>	
<b>76</b> Economic transformation and facility redevelopment program jobs tax credit component <i>(Form CT-633)</i> .....	•	<b>76</b>	
<b>77</b> Economic transformation and facility redevelopment program investment tax credit component <i>(Form CT-633)</i> .....	•	<b>77</b>	
<b>78</b> Economic transformation and facility redevelopment program job training tax credit component <i>(Form CT-633)</i> .....	•	<b>78</b>	
<b>79</b> Economic transformation and facility redevelopment program real property tax credit component <i>(Form CT-633)</i> .....	•	<b>79</b>	
<b>80</b> Recapture of economic transformation and facilities redevelopment program tax credit <i>(Form CT-633)</i> .....	•	<b>80</b>	
<b>81</b> Taxicabs and livery service vehicles accessible to persons with disabilities credit <i>(Form CT-236)</i> .....	•	<b>81</b>	
<b>82</b> QETC employment credit <i>(Form DTF-621)</i> .....	•	<b>82</b>	
<b>83</b> QETC capital tax credit <i>(Form DTF-622)</i> .....	•	<b>83</b>	
<b>84</b> Recapture of QETC capital tax credit <i>(Form DTF-622)</i> .....	•	<b>84</b>	
<b>85</b> Low-income housing credit <i>(Form DTF-624)</i> .....	•	<b>85</b>	
<b>86</b> Recapture of low-income housing credit <i>(Form DTF-626)</i> .....	•	<b>86</b>	
<b>87</b> Empire state jobs retention credit <i>(Form CT-634)</i> .....	•	<b>87</b>	
<b>88</b> Recapture of empire state jobs retention credit <i>(Form CT-634)</i> .....	•	<b>88</b>	
<b>89</b> New York youth jobs program credit <i>(Form CT-635)</i> .....	•	<b>89</b>	
<b>90</b> Alcoholic beverage production credit for beer <i>(Form CT-636)</i> .....	•	<b>90</b>	
<b>91</b> Alcoholic beverage production credit for cider <i>(Form CT-636)</i> .....	•	<b>91</b>	
<b>92</b> Alcoholic beverage production credit for wine <i>(Form CT-636)</i> .....	•	<b>92</b>	
<b>93</b> Alcoholic beverage production credit for liquor <i>(Form CT-636)</i> .....	•	<b>93</b>	
<b>94</b> Alternative fuels and electric vehicle recharging property credit <i>(Form CT-637)</i> .....	•	<b>94</b>	
<b>95</b> Recapture of alternative fuels and electric vehicle recharging property credit <i>(Form CT-637)</i> .....	•	<b>95</b>	
<b>96</b> .....			
<b>97</b> Real property tax credit for manufacturers <i>(Form CT-641)</i> .....	•	<b>97</b>	
<b>98</b> Recapture of real property tax credit for manufacturers <i>(Form CT-641)</i> .....	•	<b>98</b>	
<b>99</b> Empire state musical and theatrical production credit <i>(Form CT-642)</i> .....	•	<b>99</b>	
<b>100</b> Hire a veteran credit <i>(Form CT-643)</i> .....	•	<b>100</b>	
<b>101</b> Workers with disabilities tax credit <i>(Form CT-644)</i> .....	•	<b>101</b>	
<b>102</b> Employee training incentive program tax credit <i>(Form CT-646)</i> .....	•	<b>102</b>	
<b>103</b> Farm workforce retention credit <i>(Form CT-647)</i> .....	•	<b>103</b>	
<b>104</b> Life sciences research and development tax credit <i>(Form CT-648)</i> .....	•	<b>104</b>	
<b>105</b> Farm donations to food pantries credit <i>(Form CT-649; also see Form CT-34-SH-I regarding additional informational reporting)</i> .....	•	<b>105</b>	
<b>106</b> Empire State apprenticeship tax credit <i>(Form CT-650)</i> .....	•	<b>106</b>	
<b>107</b> Recovery tax credit <i>(Form CT-651)</i> .....	•	<b>107</b>	
<b>108</b> Employer-provided child care credit <i>(Form CT-652)</i> .....	•	<b>108</b>	
<b>109</b> New York City musical and theatrical production tax credit <i>(Form CT-654)</i> .....	•	<b>109</b>	
<b>110</b> Restaurant return-to work credit <i>(Form CT-655)</i> .....	•	<b>110</b>	
<b>111</b> Other tax credits and recaptures <i>(see instructions)</i> .....	•	<b>111</b>	

*(complete Schedule B on the last page)*

**Schedule B – Shareholders’ identifying information** (see instructions)Photocopy Schedule B as needed. Attach all additional schedules to this form. Also mark an **X** in the box. ☐

<b>A</b> 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>B</b> Identifying number (SSN or EIN)	<b>C</b> Percentage of ownership	<b>D</b> Shareholder residency status (make only one entry) 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident	<b>E</b> 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			



## **Filing Instructions**

**VERATEX INC**

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

**Taxable Year Ended December 31, 2021**

**Date Due:** March 15, 2022

**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:

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

**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, 2021**

**Date Due:** March 15, 2022

**Remittance:** A check in the amount of \$25 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 12/31/21" on the check.

**Mail To:** NYC Department of Finance  
P.O. Box 3933  
New York, NY 10008-3933

<b>NYC</b> Finance	<b>NYC</b> <b>579-GCT</b>	<b>NEW YORK CITY DEPARTMENT OF FINANCE</b>  <b>Signature Authorization for</b> <b>E-Filed General Corporation Tax Return</b>	<b>2021</b>
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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 <div style="border: 1px solid black; padding: 2px; text-align: center;">13-2804148</div>
EMAIL ADDRESS:  ARTHUR@CPALANGER.COM	TYPE OF RETURN: <input type="checkbox"/> NYC-EXT <input type="checkbox"/> NYC-EXT.1 <input type="checkbox"/> NYC-4S <input type="checkbox"/> NYC-400 (2022) <input type="checkbox"/> NYC-3A <input checked="" type="checkbox"/> NYC-3L <input type="checkbox"/> NYC-4SEZ

Financial Institution Information - <i>must be included if electronic payment is authorized</i>		
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	
<p>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 2021 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 2021 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 2021 New York City electronically filed corporation tax return or other report, or I will enter my PIN as my signature on the 2021 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 2021 New York City electronically filed corporation tax return or other report, and I authorize the financial institution to debit the amount from that account.</p> <p><b>Officer's PIN (mark an X in one box only)</b></p> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> I authorize _____ to enter my PIN : <div style="border: 1px solid black; width: 80px; height: 30px; display: inline-block; vertical-align: middle;"></div> </div> <div style="text-align: center; margin-top: 5px;">ERO FIRM NAME</div> <p>as my signature on the corporation's 2021 electronically filed corporation tax return or other report checked above.</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> As an authorized person of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed corporation tax return or other report checked above.       </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">Signature of authorized person</div> <div style="width: 30%; text-align: center;"> <u>PRESIDENT</u> Official title       </div> <div style="width: 30%; text-align: center;"> <u>03-09-22</u> Date       </div> </div>	

Part B - Declaration of electronic return originator (ERO) and paid preparer	
<p>Under penalty of perjury, I declare that the information contained in the above-named corporation's 2021 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 2021 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 2021 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 2021 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.</p> <p><b>ERO EFIN/PIN:</b> Enter your six-digit EFIN followed by your five digit PIN: <div style="border: 1px solid black; padding: 2px; display: inline-block;">12076374125</div></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">ERO's Signature</div> <div style="width: 30%; text-align: center;"> <u>ARTHUR LANGER CPA</u> Print Name       </div> <div style="width: 30%; text-align: center;"> <u>03-09-22</u> Date       </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">Paid Preparer's Signature</div> <div style="width: 30%; text-align: center;"> <u>ARTHUR LANGER CPA</u> Print Name       </div> <div style="width: 30%; text-align: center;"> <u>03-09-22</u> Date       </div> </div>	

**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.





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

For CALENDAR YEAR 2021 or FISCAL YEAR beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name VERATEX INC		Name Change _____		Taxpayer's Email Address: ARTHUR@CPALANGER.COM	
In Care Of					
Address (number and street) 534 WEST 42ND STREET #8		Address Change _____		EMPLOYER IDENTIFICATION NUMBER 13-2804148	
City and State NEW YORK NY		Zip Code 10036		BUSINESS CODE NUMBER AS PER FEDERAL RETURN 424300	
		Country (if not US)			
Business Telephone Number 516-702-3002		Date business began in NYC 01-01-1976			
CHECK ALL THAT APPLY	<input type="checkbox"/> Final return - Check this box if you have ceased operations in NYC		<input type="checkbox"/> Filing a 52- 53-week taxable year		
	<input type="checkbox"/> Special short period return (See Instr.)		<input type="checkbox"/> A pro-forma federal return is attached		
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instr.)		<input type="checkbox"/> Enter 2-character special condition code, if applicable (see instr.)		
	<input type="checkbox"/> Amended return		If the purpose of the amended return is to report a federal or state change, check the appropriate box: <input type="checkbox"/> IRS change <input type="checkbox"/> NYS change Date of Final Determination _____		

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

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
1.	Allocated net income (from Schedule B, line 26)	1.	0.	X .0885	1.		
2a.	Allocated capital (from Schedule E, line 14)	2a.		X .0015	2a.		
2b.	Total allocated capital - Cooperative Housing Corps.	2b.		X .0004	2b.		
2c.	Cooperatives - enter:	BORO	BLOCK	LOT			
3.	Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)	3.			3.		
4.	Minimum tax (see instructions) - NYC Gross Receipts:	4.	0.		4.		25.
5.	Allocated subsidiary capital (see instructions)	5.		X .00075	5.		
6.	Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)	6.			6.		25.
7.	UBT Paid Credit (attach Form NYC-9.7)	7.			7.		
8.	Tax after UBT Credit (line 6 less line 7)	8.			8.		25.
9a.	REAP Credit (attach Form NYC-9.5)	9a.			9a.		
9b.	LMREAP Credit (attach Form NYC-9.8)	9b.			9b.		
10a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	10a.			10a.		
10b.	Intentionally left blank	10b.			10b.		
10c.	Beer Production Credit (attach Form NYC-9.12)	10c.			10c.		
11.	Net tax after credits (line 8 less total of lines 9a through 10c)	11.			11.		25.
12.	First installment of estimated tax for period following that covered by this return:						
	(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT	12a.			12a.		
	(b) If application for extension has not been filed and line 11 exceeds \$1,000, enter 25% of line 11	12b.			12b.		
13.	Total of lines 11, 12a and 12b	13.			13.		25.
14.	Prepayments (from Prepayments Schedule, page 2, line G) (see instructions)	14.			14.		
15.	Balance due (line 13 less line 14)	15.			15.		25.
16.	Overpayment (line 14 less line 13)	16.			16.		
17a.	Interest (see instructions)	17a.			17a.		
17b.	Additional charges (see instructions)	17b.			17b.		
17c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	17c.			17c.		
18.	Total of lines 17a, 17b and 17c	18.			18.		0.
19.	Net overpayment (line 16 less line 18)	19.			19.		
20.	Amount of line 19 to be: (a) Refunded - _____ Direct deposit - fill out line 20c OR _____ Paper check	20a.			20a.		
	(b) Credited to 2022 estimated tax	20b.			20b.		
20c.	Routing Number _____ Account Number _____ ACCOUNT TYPE _____						
	Checking _____ Savings _____						
21.	TOTAL REMITTANCE DUE (see instructions)	21.			21.		25.

**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.	0.00%
23. NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1. (See instructions)	23.	0.
24. Gross receipts or sales from federal return	24.	730,947.
25. EIN of Parent Corporation		
26. Total assets from federal return	26.	450,852.
27. EIN of Common Parent Corporation		
28. Compensation of stockholders (from Sched. F, line 1)	28.	50,000.

**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 6 of instructions before computing the alternative tax

Net income/loss (See instructions)	1. \$	-49,677.
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. \$	50,000.
Total (line 1 plus line 2)	3. \$	323.
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. \$	
Allocated business income (line 8 x business allocation % from Schedule H, line 7)	10. \$	0.
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 ( <i>see instructions</i> )	1.	-50,002.
2.	Interest on federal, state, municipal and other obligations not included in line 1 above ( <i>see instructions</i> )	2.	
3.	Deductions directly attributable to subsidiary capital ( <i>attach list</i> ) ( <i>see instructions</i> )	3.	
4.	Deductions indirectly attributable to subsidiary capital ( <i>attach list</i> ) ( <i>see instructions</i> )	4.	
5a.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return ( <i>attach rider</i> ) ( <i>see instr.</i> ) SEE STMT 1	5a.	300.
5b.	NYC General Corporation Tax deducted on federal return ( <i>see instructions</i> )	5b.	25.
6.	New York City adjustments relating to ( <i>see instructions</i> ):		
(a)	Employment opportunity relocation costs credit and IBZ credit	6a.	
(b)	Real estate tax escalation credit	6b.	
(c)	ACRS depreciation and/or adjustment ( <i>attach Form NYC-399 and/or NYC-399Z</i> )	6c.	
7.	Additions:		
(a)	Payment for use of intangibles	7a.	
(b)	Intentionally Omitted		
(c)	Other ( <i>see instructions</i> ) ( <i>attach rider</i> )	7c.	
8.	Total of lines 1 through 7c	8.	-49,677.
9a.	Dividends from subsidiary capital ( <i>itemize on rider</i> ) ( <i>see instr.</i> )	9a.	
9b.	Interest from subsidiary capital ( <i>itemize on rider</i> ) ( <i>see instructions</i> )	9b.	
9c.	Gains from subsidiary capital	9c.	
10.	50% of dividends from nonsubsidiary corporations ( <i>see instructions</i> )	10.	
11.	New York City net operating loss deduction ( <i>attach Form NYC-NOLD-GCT</i> ) ( <i>see instr.</i> )	11.	
12.	Gain on sale of certain property acquired prior to 1/1/66 ( <i>see instructions</i> )	12.	
13.	NYC and NYS tax refunds included in Sch. B, line 8 ( <i>see instructions</i> )	13.	
14.	Wages and salaries subject to IRC §280C deduction disallowance ( <i>see instr.</i> )	14.	
15.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules ( <i>attach Form NYC-399 and/or NYC-399Z</i> ) ( <i>see instr.</i> )	15.	
16a.	Contributions of capital by governmental entities or civic groups ( <i>see instructions</i> )	16a.	
16b.	Other deductions: ( <i>see instructions</i> ) ( <i>attach rider</i> )	16b.	
17.	Total deductions (add lines 9a through 16b)	17.	
18.	Entire net income (line 8 less line 17) ( <i>see instructions</i> )	18.	0.
19.	If the amount on line 18 is not correct, enter correct amount here and explain in rider ( <i>see instr.</i> )	19.	
20.	Investment income - (complete lines a through h below) ( <i>see instructions</i> )		
(a)	Dividends from nonsubsidiary stocks held for investment ( <i>see instructions</i> )	20a.	
(b)	Interest from investment capital (include federal, state and municipal obligations) ( <i>itemize in rider</i> )	20b.	
(c)	Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment ( <i>itemize on rider or attach Federal Schedule D</i> )	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 ( <i>attach list</i> ) ( <i>see instructions</i> )	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 ( <i>attach rider</i> ) ( <i>see instr.</i> )	21.	
22a.	Investment income (line 20g less line 21)	22a.	
22b.	Investment income to be allocated ( <i>see instructions</i> )	22b.	
23.	Business income to be allocated (line 18 or line 19 less line 22b)	23.	
24.	Allocated investment income (Multiply line 22b by the investment allocation percentage on Schedule D, Line 2.) ( <i>see instr.</i> )	24.	
25a.	Allocated business income (Multiply line 23 by the business allocation percentage on Schedule H, Line 7.)	25a.	0.
25b.	If the amount on line 25a is not correct, enter correct amount here and explain in rider ( <i>see instr.</i> )	25b.	0.
26.	Total allocated net income (line 24 plus line 25a or line 25b (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 In- directly 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.)**

☒ - Annually    ☐ - Semi-annually    ☐ - Quarterly  
☐ - Monthly    ☐ - Weekly    ☐ - Daily

- Total assets from federal return
- Real property and marketable securities included in line 1
- Subtract line 2 from line 1
- Real property and marketable securities at **fair market value**
- Adjusted total assets (add lines 3 and 4)
- Total liabilities (*see instructions*)

COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value
461,348.	450,852.	1.	456,100.
		2.	
		3.	456,100.
		4.	
		5.	456,100.
1,243,559.	1,283,065.	6.	1,263,312.
		7.	-807,212.
		8.	
		9.	-807,212.
		10.	
		11.	0.
		12.	
		13.	0.
		14.	0.
		15.	0.00 %

- Total capital (column C, line 5 less column C, line 6)
- Subsidiary capital (Schedule C, column E, line 1)
- Business and investment capital (line 7 less line 8) (*see instructions*)
- Investment capital (Schedule D, line 4) (*see instructions*)
- Business capital (line 9 less line 10)
- Allocated investment capital (Multiply line 10 by the investment allocation percentage on Schedule D, Line 2.)
- Allocated business capital (Multiply line 11 by the business allocation percentage on Schedule H, Line 7.)
- Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)
- 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 hundredth of a percent) (enter on page 2 - line 22. *See Instr.*)

### 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 US 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	PRESIDENT	50,000.
CLAUDE A SIMON	12723	PRESIDENT	0.

- Total, including any amount on rider. (Enter on Schedule A, line 28) 1. 50,000.

**SCHEDULE G** **Locations of Places of Business Inside and Outside New York City**

All taxpayers must complete Schedule G, Parts 1 and 2.

**Part 1** - List location for each place of business INSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

**Part 2** - List location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

**SCHEDULE H** **Business Allocation - see instructions before completing this schedule**  
Taxpayers must report their Business Allocation Percentage in this schedule for this return to be accepted

Taxpayers who do not allocate business income outside New York City must enter 100% on Schedule H, line 7.

Taxpayers who allocate business income both inside and outside New York City must complete Schedule H and enter percentage from Schedule H, line 7.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
<i>Receipts in the regular course of business from:</i>		
1. Sales of tangible personal property	1.	730,280.
2. Services performed	2.	
3. Rentals of property	3.	
4. Royalties	4.	
5. Other business receipts	5.	
6. Total	6.	730,280.
7. Business Allocation Percentage (line 6, column A divided by line 6, column B rounded to the nearest hundredth of a percent. If using Schedule I, enter percentage from Part 1, line 8 or Part 2, line 2. See instructions.)	7.	0.00 %



**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 7)	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 7)	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 ☒ 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 ☒ 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 ☒ 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:
- 6a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 6b. For years beginning on or after 1/1/15, has an amended return(s) been filed? \_\_\_\_\_ YES ☒ 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 ☒ 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 ☒ 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 ☒ 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 \_\_\_\_\_ NO
- c) Was there a partial or complete liquidation of the corporation? \_\_\_\_\_ YES \_\_\_\_\_ 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 \_\_\_\_\_ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? \_\_\_\_\_ YES \_\_\_\_\_ NO
12. If "NO" to 11, explain: \_\_\_\_\_
13. Does the corporation have one or more qualified subchapter S subsidiaries? \_\_\_\_\_ YES ☒ 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 ☒ NO
16. If "YES", were all required Commercial Rent Tax Returns filed? \_\_\_\_\_ YES \_\_\_\_\_ 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 1120S****▼ Federal Amount▼**

1. Dividends	1.	
2. Interest income	2.	
3. Capital gain net income	3.	
4. Other income	4.	
5. Total income	5.	241,472.
6. Bad debts	6.	
7. Interest expense	7.	2,638.
8. Other deductions	8.	26,822.
9. Total deductions	9.	291,474.
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. Email Address:

I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions) YES ☒ NO

<b>SIGN HERE:</b> Signature of officer		Title	DATE	Preparer's SSN or PTIN
		PRESIDENT		P01396073
<b>PREPARER'S USE ONLY</b>	Preparer's signature	Preparer's printed name	Check if self-employed <input checked="" type="checkbox"/>	Date
	ARTHUR LANGER CPA PC	ARTHUR LANGER CPA	<input checked="" type="checkbox"/>	03-09-22
	52 CLUBHOUSE CIRCLE			
	MELVILLE NY			11747
	▲ Firm's name (or yours, if self-employed)	▲ Address		▲ Zip Code

Firm's Employer ID Number  
81-4277329**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 2021 return is on or before March 15, 2022.

For fiscal years beginning in 2021, 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 3933  
NEW YORK, NY 10008-3933**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 from your Federal form 1120S.

For CALENDAR YEAR 2021 or FISCAL YEAR beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name as shown on NYC-1, 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.	-50,002.
2. Net rental real estate income (loss)	Schedule K, Line 2	2.	
3. Other net rental income (loss)	Schedule K, Line 3c	3.	
4a. Interest income	Schedule K, Line 4	4a.	
4b. Interest Expense Addback	See Instructions	4b.	2,638.
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)	See Instructions	13.	
14. <b>TOTAL ADDITIONS</b> (Sum of lines 1 through 6 plus lines 11 through 13)		14.	-47,364.

**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. Interest expense	See Instructions	17.	2,638.
18. Section 59(e)(2) expenditures	Schedule K, Line 12c	18.	
19. Other deductions	See Instructions	19.	
20. Intentionally Omitted		20.	
21. <b>TOTAL DEDUCTIONS</b> (Sum of lines 15 through 20)		21.	2,638.

**PART III - CALCULATION OF FEDERAL TAXABLE INCOME**

22. <b>Federal Taxable Income</b>	See Instructions	22.	-50,002.
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**NET OPERATING LOSS DEDUCTION COMPUTATION 2021**  
**GENERAL CORPORATION TAX**

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

For CALENDAR YEAR 2021 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
<b>A. NOL Carryforward from prior years</b> →							
1. 20th preceding yr	12-31-01						
2. 19th preceding yr	12-31-02						
3. 18th preceding yr	12-31-03						
4. 17th preceding yr	12-31-04						
5. 16th preceding yr	12-31-05						
6. 15th preceding yr	12-31-06						
7. 14th preceding yr	12-31-07						
8. 13th preceding yr	12-31-08	2,062.	2,062.				
9. 12th preceding yr	12-31-09	14,130.	15,130.				
10. 11th preceding yr	12-31-10	7,545.	8,545.				
11. 10th preceding yr	12-31-11	-127,930.	-125,392.	125,392.			125,392.
12. 9th preceding yr	12-31-12	-85,367.	-82,947.	82,947.			208,339.
13. 8th preceding yr	12-31-13	-112,684.	-110,095.	110,095.			318,434.
14. 7th preceding yr	12-31-14	-136,229.	-133,632.	133,632.			452,066.
15. 6th preceding yr	12-31-15	-43,311.	-42,604.	42,604.			494,670.
16. 5th preceding yr	12-31-16	-199,100.	-198,300.	198,300.			692,970.
17. 4th preceding yr	12-31-17	-91,262.	-90,462.	90,462.			783,432.
18. 3rd preceding yr	12-31-18	-142,444.	-141,644.	141,644.			925,076.
19. 2nd preceding yr	12-31-19	-97,338.	-96,713.	96,713.			1,021,789.
20. 1st preceding yr	12-31-20	-113,247.	-112,922.	112,922.			1,134,711.
21. Current year	12-31-21	-50,002.	-49,677.	49,677.			1,184,388.

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**

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<div> <div>NYC</div> <div> <div>Federal Net Operating Loss Worksheet</div> <div>2021</div> </div> </div>	
<div> <div> <div>Name</div> <div>VERATEX INC</div> </div> <div> <div>For calendar year 2021 or fiscal year beginning , ending</div> <div>Employer Identification Number</div> <div>13-2804148</div> </div> </div>	

Preceding Taxable Year	Income/(Loss)	Prior Year	Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	(Income Offset By NOL Carryback)/Carryover NOL Utilized
20th 12/31/01				
19th 12/31/02				
18th 12/31/03				
17th 12/31/04				
16th 12-31-05				
15th 12-31-06				
14th 12-31-07				
13th 12-31-08	2,062			
12th 12-31-09	14,130			
11th 12-31-10	7,545			
10th 12-31-11	-127,930		127,930	127,930
9th 12-31-12	-85,367		85,367	85,367
8th 12-31-13	-112,684		112,684	112,684
7th 12-31-14	-136,229		136,229	136,229
6th 12-31-15	-43,311		43,311	43,311
5th 12-31-16	-199,100		199,100	199,100
4th 12-31-17	-91,262		91,262	91,262
3rd 12-31-18	-142,444		142,444	142,444
2nd 12-31-19	-97,338		97,338	97,338
1st 12-31-20	-113,247		113,247	113,247
NOL Carryover Available To Current Year			1,148,912	
Current Year	-50,002			50,002
NOL Carryover Available To Next Year				1,198,914

## 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			25	
Total	\$ 300	\$ 0	\$ 25	\$ 0