



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

OPTS-Withholding Tax Account Resolution
W A Harriman Campus
Albany NY 12227-0001

**NOTICE OF FAILURE TO FILE RETURN
AND DEMAND FOR PAYMENT OF PENALTY DUE**

DATE: 07/11/24

ASSESSMENT ID: L-060424547-7

TOTAL AMOUNT DUE: \$1,000.00

PAYMENT DUE DATE: 08/01/24

h

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

TAXPAYER ID: B-13-2804148-3

TAX TYPE: Withholding

LABOR ARTICLE: 18

DTF CONTROL NUMBER: W2011296563

EMPLOYER REG NO: E 33 60096

TAXPAYER'S COMPLETE LEGAL NAME

VERATEX INC.

EXPLANATION AND INSTRUCTIONS

A penalty is being assessed under section 685(v)(1) of the New York State Tax Law because, according to our records, you have not filed a complete Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return(s), form NYS-45. Refer to the DELINQUENT RETURN/REPORT SECTION of this notice for the tax period affected and the return(s) due.

THE RETURN(S) MUST BE FILED EVEN IF THERE IS NO TAX DUE FOR THE TAX PERIOD.

IF YOU HAVE NOT FILED THE REQUIRED RETURN(S) BUT DO SO WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE, BY 08/10/24, THIS PENALTY MAY BE ABATED OR ADJUSTED. If you file the return(s) more than 30 days from the date of this notice, you may be subject to a higher penalty amount, which can increase the later the return(s) is filed.

**NOTE: FILING OF THE REQUIRED INFORMATION DOES NOT PRECLUDE THE STATE FROM ISSUING
ADDITIONAL BILLING NOTICES AS THE RESULT OF A REVIEW OF YOUR TAX RECORDS.**

If you do not have the required return(s), call (518) 457-5431 for forms and instructions.
Mail return(s) to:

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
P O BOX 4119
BINGHAMTON NY 13902-4119

If you do not need returns, but have questions about this notice, please call 1 888 899-8810. When calling, please refer to the Employer Registration number on this notice.

To pay this penalty, go online at www.tax.ny.gov, or call (518) 457-5434, or mail us your payment with the enclosed Payment Document. Interest will be assessed unless the penalty is abated or you pay the total amount due within 21 days from the date of this notice, by 08/01/24. If you also wish to protest this assessment, refer to the protest instructions on the back of this page.

Although you may pay the penalty amount assessed in this notice, payment of this amount DOES NOT constitute filing the required return(s) due. Unless the return(s) is filed, the Department of Labor

Attachment to: NOTICE AND DEMAND for Payment of Tax Due

DATE: 07/11/24

ASSESSMENT ID: L-060424547-7

COMPUTATION SUMMARY SECTION

Tax Period Ended	Estimated Tax Assessed	(+) Interest Amount Assessed	(+) Penalty Amount Assessed	(-) Assessment Payments/ Credits	(=) Current Estimated Balance Due
03-31-24	0.00	0.00	1,000.00	0.00	1,000.00
TOTALS	0.00	0.00	1,000.00	0.00	1,000.00

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



New York State Department of
Taxation and Finance

L-060424547-7

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

Payment Document

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

TO PAY THE PENALTY ASSESSMENT

- To pay go online a www.tax.ny.gov, or call (518) 457-5434, or mail us your payment with the enclosed Payment Document to this address:
NYS ASSESSMENT RECEIVABLES
P O BOX 4127
BINGHAMTON NY 13902-4127
- If you ALSO WISH TO PROTEST the penalty assessment, complete the enclosed Protest Document.

PAYMENT APPLICATION SECTION - Check the item and enter the payment amount in the space provided.

DTF-968.16 (4/09)

- ☐ Payment for Assessment ID: L-060424547-7

**NOTE: PAYMENT OF THIS PENALTY AMOUNT WITHOUT FILING THE DELINQUENT RETURNS MAY RESULT IN AN
AUDIT OF YOUR BOOKS AND RECORDS BY THE DEPARTMENT OF TAXATION AND FINANCE AND/OR
THE DEPARTMENT OF LABOR.**

Make your check or money order * payable to **Commissioner of Taxation
and Finance**. Include your Assessment ID number on your payment.

* If you prefer to pay by credit card or electronic funds withdrawal, please
visit our Web site at www.nystax.gov and click on *Online Tax Center*.

Enter amount
enclosed ➡

\$

For office use only

Form track number	•
Amount received	•
Payment effect/rec'd dates	•

DTF-968.16 (4/09)

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

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

Protest Document

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

Taxpayer ID: B-13-2804148-3

Employer Reg No: **E 33 60096**

Assessment ID: L-060424547-7

Notice Date: 07/11/24

NYS-45 Part(s) Missing: B,C

TO PROTEST THE PENALTY ASSESSMENT, complete this form (using blue or black ink) by placing an X in the appropriate boxes (☒) and filling in all applicable blanks. Attach any supporting documents and sign below. **Return the completed form to the address above.** If you ALSO WISH TO PAY the penalty assessment, complete the enclosed *Payment Document*.

SECTION I

☐ Form NYS-45 or NYS-45-ATT was filed (MM/DD/YY): _____

NOTE: Attach a copy of the return(s) filed and a copy of the front and back of your canceled check/money order (not the money order receipt).

☐ The return(s) was filed under a different Name, Taxpayer ID, and ER# from that shown on the billing notice. Name: _____, Taxpayer ID: _____, and ER#: _____

☐ The business is seasonal. There were no wages paid for the period shown on the billing notice.

SECTION II

☐ The business ceased paying wages. Enter the last payroll date (MM/DD/YY): _____

☐ The business has been sold or transferred. Date of sale or transfer (MM/DD/YY): _____
Name and address of new owner: _____

NOTE: If you ceased paying wages, sold or transferred your business during the period covered by this Notice, you are still required to file Form NYS-45, *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return*, for the time you were active.

SECTION III

☐ I don't believe the business is required to file the return(s) because: _____

☐ Other reason you believe this penalty should not be assessed: _____

Print Name

Signature

Title

Date

Daytime Telephone



NOTICE OF RIGHTS

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

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

Whether you agree or disagree with the assessment, interest and/or penalties will continue to accrue unless you file the return and

- the penalty is abated,
or
- you make full payment within the time period indicated on the enclosed notice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Important telephone number

For information, call the Department of Labor toll free at 1 888 899-8810.