

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2016**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7540.00	2 Federal income tax withheld
b Employer ID number (EIN) 13-2804148	3 Social security wages 7540.00	4 Social security tax withheld 467.48
	5 Medicare wages and tips 7540.00	6 Medicare tax withheld 109.20
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2076.88
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	31.20	
NY	7540.00	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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Copy C For EMPLOYEE'S RECORDS (See Notice on back.)
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