Form W-2 Statement
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Act Notice, see separate instructions.

Void ☐	**a** Employee's social security number 106-50-1158	OMB No. 1545-0008	

b Employer identification number (EIN) 13-2804148	**1** Wages, tips, other compensation 45000.00	**2** Federal income tax withheld 5518.20

c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	**3** Social security wages 68000.04	**4** Social security tax withheld 4216.00
	5 Medicare wages and tips 68000.04	**6** Medicare tax withheld 986.00
	7 Social security tips	**8** Allocated tips

d Control number	**9**	**10** Dependent care benefits

e Employee's first name and initial CLAUDE A. SIMON Last name Suff. 71 TONJES ROAD CALLICOON NY 12723	**11** Nonqualified plans	**12a** See instructions for box 12 Code D 23000.04
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code DD 1153.15
	14 Other SDI 28.80	**12c** Code
		12d Code

f Employee's address and ZIP code					

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
NY	45000.00	2139.24			

Form **W-2** Wage and Tax Statement   **2013**

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Department of the Treasury - Internal Revenue Service

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