

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
b Employer ID number (EIN) 13-2804148	3 Social security wages 7539.96	4 Social security tax withheld 467.48
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.33
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2487.12
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	40.68	
NY	7539.96	
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

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

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.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
b Employer ID number (EIN) 13-2804148	3 Social security wages 7539.96	4 Social security tax withheld 467.48
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.33
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2487.12
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	40.68	
NY	7539.96	
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

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

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
b Employer ID number (EIN) 13-2804148	3 Social security wages 7539.96	4 Social security tax withheld 467.48
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.33
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2487.12
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	40.68	
NY	7539.96	
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

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

Dept. of the Treasury - IRS

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

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
b Employer ID number (EIN) 13-2804148	3 Social security wages 7539.96	4 Social security tax withheld 467.48
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.33
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2487.12
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	40.68	
NY	7539.96	
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

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

Dept. of the Treasury - IRS