

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

a Employee's social security number 106-50-1158	1 Wages, tips, other comp. 68000.04	2 Federal income tax withheld 11268.24
b Employer ID number (EIN) 13-2804148	3 Social security wages 68000.04	4 Social security tax withheld 4216.00
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 68000.04	6 Medicare tax withheld 986.00
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. 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
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	68000.04	3714.72
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

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

a Employee's social security number 106-50-1158	1 Wages, tips, other comp. 68000.04	2 Federal income tax withheld 11268.24
b Employer ID number (EIN) 13-2804148	3 Social security wages 68000.04	4 Social security tax withheld 4216.00
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 68000.04	6 Medicare tax withheld 986.00
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. 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
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	68000.04	3714.72
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 106-50-1158	1 Wages, tips, other comp. 68000.04	2 Federal income tax withheld 11268.24
b Employer ID number (EIN) 13-2804148	3 Social security wages 68000.04	4 Social security tax withheld 4216.00
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 68000.04	6 Medicare tax withheld 986.00
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. 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
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	68000.04	3714.72
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

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

a Employee's social security number 106-50-1158	1 Wages, tips, other comp. 68000.04	2 Federal income tax withheld 11268.24
b Employer ID number (EIN) 13-2804148	3 Social security wages 68000.04	4 Social security tax withheld 4216.00
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	5 Medicare wages and tips 68000.04	6 Medicare tax withheld 986.00
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. 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
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	68000.04	3714.72
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