

OMB No. 1545-0008

Form W-2 Wage and Tax Statement

2024

a Employee's social security number 080-56-9587	1 Wages, tips, other compensation 2400.00	2 Federal income tax withheld
	3 Social security wages 2400.00	4 Social security tax withheld 148.80
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 2400.00	6 Medicare tax withheld 34.80
c Employer's name, address, and ZIP code VERATEX INC. PO BOX 682 NEW YORK NY 10108		
d Control number		
e Employee's name, address, and ZIP code THOMAS MAROS 356 W 45TH STREET APT 1D NEW YORK NY 10036		
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 41.76		
NY 2400.00		
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 2400.00	19 Local income tax	20 Locality name NY City

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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