

Void <input type="checkbox"/>		a Employee's social security number 106-50-1158		OMB No. 1545-0029					
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 6600.01		2 Federal income tax withheld 607.61				
c Employer's name, address, and ZIP code VERATEX INC. PO BOX 682 NEW YORK NY 10108			3 Social security wages 6600.01		4 Social security tax withheld 409.20				
			5 Medicare wages and tips 6600.01		6 Medicare tax withheld 95.70				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial Last name CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723			11 Nonqualified plans		12a See instructions for box 12				
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
			14 Other SDI 42.30		12c				
					12d				
f Employee's address and ZIP code									
15 State Employer's state ID number NY		16 State wages, tips, etc. 6600.01		17 State income tax 100.32		18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax
Statement
Copy D - For Employer
DXA

2025

Department of the Treasury - Internal Revenue Service
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