

Void <input type="checkbox"/>		a Employee's social security number 148-70-5969		OMB No. 1545-0029					
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 32052.50		2 Federal income tax withheld 4678.25				
c Employer's name, address, and ZIP code VERATEX INC. PO BOX 682 NEW YORK NY 10108			3 Social security wages 32052.50		4 Social security tax withheld 1987.26				
			5 Medicare wages and tips 32052.50		6 Medicare tax withheld 464.76				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003			Last name		Suff.		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		180.17		12c		
							12d		
f Employee's address and ZIP code									
15 State Employer's state ID number NY		16 State wages, tips, etc. 32052.50		17 State income tax 1233.06		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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Act Notice, see separate instructions.