

Void <input type="checkbox"/>		a Employee's social security number 056-66-5410		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 48840.80		2 Federal income tax withheld 5121.13
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036			3 Social security wages 66340.80		4 Social security tax withheld 4113.12
			5 Medicare wages and tips 66340.80		6 Medicare tax withheld 961.92
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. WEI CHANG 8329 63RD AVE MIDDLE VILLAGE NY 11379			11 Nonqualified plans		12a See instructions for box 12 D 17500.00
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 4902.48
			14 Other SDI 107.28		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 48840.80	17 State income tax 2231.06	18 Local wages, tips, etc. 48840.80	19 Local income tax 1419.66	20 Locality name NY City

Form W-2 Wage and Tax Statement
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2022

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number 148-70-5969		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 21405.42		2 Federal income tax withheld 2933.35
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036			3 Social security wages 23016.54		4 Social security tax withheld 1427.02
			5 Medicare wages and tips 23016.54		6 Medicare tax withheld 333.78
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003			11 Nonqualified plans		12a See instructions for box 12 D 1611.12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1785.12
			14 Other SDI 156.84		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 21405.42	17 State income tax 656.84	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Department of the Treasury - Internal Revenue Service
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Void <input type="checkbox"/>		a Employee's social security number 080-56-9587		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148		1 Wages, tips, other compensation 2600.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		3 Social security wages 2600.00		4 Social security tax withheld 161.20	
		5 Medicare wages and tips 2600.00		6 Medicare tax withheld 37.70	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. THOMAS MAROS 356 W 45TH STREET APT 1D NEW YORK NY 10036		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other SDI 45.24		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 2600.00	17 State income tax	18 Local wages, tips, etc. 2600.00	19 Local income tax	20 Locality name NY City

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Void <input type="checkbox"/>		a Employee's social security number 149-46-3469		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148		1 Wages, tips, other compensation 7539.96		2 Federal income tax withheld	
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		3 Social security wages 7539.96		4 Social security tax withheld 467.48	
		5 Medicare wages and tips 7539.96		6 Medicare tax withheld 109.33	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		11 Nonqualified plans		12a See instructions for box 12 DD 2935.92	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other SDI 104.04		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 7539.96	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Department of the Treasury - Internal Revenue Service
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Void <input type="checkbox"/>		a Employee's social security number 106-50-1158		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148		1 Wages, tips, other compensation 20000.04		2 Federal income tax withheld 2622.26	
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		3 Social security wages 20000.04		4 Social security tax withheld 1239.96	
		5 Medicare wages and tips 20000.04		6 Medicare tax withheld 290.04	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723		11 Nonqualified plans		12a See instructions for box 12 DD 143.04	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other SDI 31.20		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 20000.04	17 State income tax 614.42	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Department of the Treasury - Internal Revenue Service
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Void <input type="checkbox"/>		a Employee's social security number 098-76-4201		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148		1 Wages, tips, other compensation 1344.60		2 Federal income tax withheld	
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		3 Social security wages 1344.60		4 Social security tax withheld 83.40	
		5 Medicare wages and tips 1344.60		6 Medicare tax withheld 19.44	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. AUSTEN VERNON 336 EAST 56TH STREET APT 3 NEW YORK NY 10022		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other SDI 41.76		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 1344.60	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
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Department of the Treasury - Internal Revenue Service
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OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 056-66-5410	1 Wages, tips, other compensation 48840.80	2 Federal income tax withheld 5121.13	
	3 Social security wages 66340.80	4 Social security tax withheld 4113.12	
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 66340.80	6 Medicare tax withheld 961.92	
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number			
e Employee's name, address, and ZIP code WEI CHANG 8329 63RD AVE MIDDLE VILLAGE NY 11379			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 17500.00	
12b DD 4902.48	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
14 Other SDI 107.28			
NY	48840.80	2231.06	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 48840.80	19 Local income tax 1419.66	20 Locality name NY City	

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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 2022**

a Employee's social security number 056-66-5410	1 Wages, tips, other compensation 48840.80	2 Federal income tax withheld 5121.13	
	3 Social security wages 66340.80	4 Social security tax withheld 4113.12	
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 66340.80	6 Medicare tax withheld 961.92	
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number			
e Employee's name, address, and ZIP code WEI CHANG 8329 63RD AVE MIDDLE VILLAGE NY 11379			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 17500.00	
12b DD 4902.48	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
14 Other SDI 107.28			
NY	48840.80	2231.06	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 48840.80	19 Local income tax 1419.66	20 Locality name NY City	

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Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 056-66-5410	1 Wages, tips, other compensation 48840.80	2 Federal income tax withheld 5121.13	
	3 Social security wages 66340.80	4 Social security tax withheld 4113.12	
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 66340.80	6 Medicare tax withheld 961.92	
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number			
e Employee's name, address, and ZIP code WEI CHANG 8329 63RD AVE MIDDLE VILLAGE NY 11379			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 17500.00	
12b DD 4902.48	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
14 Other SDI 107.28			
NY	48840.80	2231.06	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 48840.80	19 Local income tax 1419.66	20 Locality name NY City	

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a Employee's social security number 056-66-5410	1 Wages, tips, other compensation 48840.80	2 Federal income tax withheld 5121.13	
	3 Social security wages 66340.80	4 Social security tax withheld 4113.12	
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 66340.80	6 Medicare tax withheld 961.92	
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number			
e Employee's name, address, and ZIP code WEI CHANG 8329 63RD AVE MIDDLE VILLAGE NY 11379			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 17500.00	
12b DD 4902.48	12c	12d	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
14 Other SDI 107.28			
NY	48840.80	2231.06	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 48840.80	19 Local income tax 1419.66	20 Locality name NY City	

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Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 148-70-5969	1 Wages, tips, other compensation 21405.42	2 Federal income tax withheld 2933.35
	3 Social security wages 23016.54	4 Social security tax withheld 1427.02
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 23016.54	6 Medicare tax withheld 333.78
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 1611.12
12b DD 1785.12	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 156.84		
NY	21405.42	656.84
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

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a Employee's social security number 148-70-5969	1 Wages, tips, other compensation 21405.42	2 Federal income tax withheld 2933.35
	3 Social security wages 23016.54	4 Social security tax withheld 1427.02
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 23016.54	6 Medicare tax withheld 333.78
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 1611.12
12b DD 1785.12	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 156.84		
NY	21405.42	656.84
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

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a Employee's social security number 148-70-5969	1 Wages, tips, other compensation 21405.42	2 Federal income tax withheld 2933.35
	3 Social security wages 23016.54	4 Social security tax withheld 1427.02
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 23016.54	6 Medicare tax withheld 333.78
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 1611.12
12b DD 1785.12	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 156.84		
NY	21405.42	656.84
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

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a Employee's social security number 148-70-5969	1 Wages, tips, other compensation 21405.42	2 Federal income tax withheld 2933.35
	3 Social security wages 23016.54	4 Social security tax withheld 1427.02
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 23016.54	6 Medicare tax withheld 333.78
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 1611.12
12b DD 1785.12	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 156.84		
NY	21405.42	656.84
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

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OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 080-56-9587	1 Wages, tips, other compensation 2600.00	2 Federal income tax withheld
	3 Social security wages 2600.00	4 Social security tax withheld 161.20
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 2600.00	6 Medicare tax withheld 37.70
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
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 45.24		
NY	2600.00	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 2600.00	19 Local income tax	20 Locality name NY City

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a Employee's social security number 080-56-9587	1 Wages, tips, other compensation 2600.00	2 Federal income tax withheld
	3 Social security wages 2600.00	4 Social security tax withheld 161.20
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 2600.00	6 Medicare tax withheld 37.70
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
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 45.24		
NY	2600.00	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 2600.00	19 Local income tax	20 Locality name NY City

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a Employee's social security number 080-56-9587	1 Wages, tips, other compensation 2600.00	2 Federal income tax withheld
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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 45.24		
NY	2600.00	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 2600.00	19 Local income tax	20 Locality name NY City

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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 45.24		
NY	2600.00	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 2600.00	19 Local income tax	20 Locality name NY City

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OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 149-46-3469	1 Wages, tips, other compensation 7539.96	2 Federal income tax withheld
	3 Social security wages 7539.96	4 Social security tax withheld 467.48
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.33
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2935.92
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 104.04		
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

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c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2935.92
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 104.04		
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

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	3 Social security wages 7539.96	4 Social security tax withheld 467.48
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.33
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2935.92
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 104.04		
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

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Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 149-46-3469	1 Wages, tips, other compensation 7539.96	2 Federal income tax withheld
	3 Social security wages 7539.96	4 Social security tax withheld 467.48
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.33
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2935.92
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 104.04		
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

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Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 106-50-1158	1 Wages, tips, other compensation 20000.04	2 Federal income tax withheld 2622.26
	3 Social security wages 20000.04	4 Social security tax withheld 1239.96
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 20000.04	6 Medicare tax withheld 290.04
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 143.04
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	20000.04	614.42
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.
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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 2022**

a Employee's social security number 106-50-1158	1 Wages, tips, other compensation 20000.04	2 Federal income tax withheld 2622.26
	3 Social security wages 20000.04	4 Social security tax withheld 1239.96
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 20000.04	6 Medicare tax withheld 290.04
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 143.04
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	20000.04	614.42
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

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Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 106-50-1158	1 Wages, tips, other compensation 20000.04	2 Federal income tax withheld 2622.26
	3 Social security wages 20000.04	4 Social security tax withheld 1239.96
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 20000.04	6 Medicare tax withheld 290.04
	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 143.04
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	20000.04	614.42
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

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	c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036	
d Control number		
e Employee's name, address, and ZIP code CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 143.04
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	20000.04	614.42
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 098-76-4201	1 Wages, tips, other compensation 1344.60	2 Federal income tax withheld
	3 Social security wages 1344.60	4 Social security tax withheld 83.40
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 1344.60	6 Medicare tax withheld 19.44
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number		
e Employee's name, address, and ZIP code AUSTEN VERNON 336 EAST 56TH STREET APT 3 NEW YORK NY 10022		
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	1344.60	
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

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OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2022**

a Employee's social security number 098-76-4201	1 Wages, tips, other compensation 1344.60	2 Federal income tax withheld
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b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 1344.60	6 Medicare tax withheld 19.44
c Employer's name, address, and ZIP code VERATEX INC. 534 W 42ND STREET # 8 NEW YORK NY 10036		
d Control number		
e Employee's name, address, and ZIP code AUSTEN VERNON 336 EAST 56TH STREET APT 3 NEW YORK NY 10022		
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	1344.60	
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

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Dept. of the Treasury - IRS

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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	1344.60	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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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	1344.60	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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