

33333	a Control number	For Official Use Only ► OMB No. 1545-0008								
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/>	501c non-govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
		CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>				State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>
c Total number of Forms W-2 6		d Establishment number		1 Wages, tips, other compensation \$ 101730.82		2 Federal income tax withheld \$ 10676.74				
e Employer identification number (EIN) 13-2804148				3 Social security wages \$ 120841.94		4 Social security tax withheld \$ 7492.18				
f Employer's name VERATEX INC.				5 Medicare wages and tips \$ 120841.94		6 Medicare tax withheld \$ 1752.21				
g Employer's address and ZIP code 534 W 42ND STREET # 8 NEW YORK NY 10036				7 Social security tips \$		8 Allocated tips \$				
				9		10 Dependent care benefits \$				
h Other EIN used this year				11 Nonqualified plans \$		12a Deferred compensation \$ 19111.12				
15 State NY		Employer's state ID number		14 Income tax withheld by payer of third-party sick pay \$						
16 State wages, tips, etc. \$ 101730.82		17 State income tax \$ 3502.32		18 Local wages, tips, etc. \$ 51440.80		19 Local income tax \$ 1419.66				
Employer's contact person				Employer's telephone number		For Official Use only				
Employer's fax number				Employer's email address						

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ►

Title ►

Date ►

Form **W-3 Transmittal of Wage and Tax Statements** 2022

Department of the Treasury
Internal Revenue Service

EMPLOYER COPY ONLY
DO NOT FILE THIS COPY WITH THE SSA