

33333	a Control number	For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer (Check one)	<div style="display: flex; justify-content: space-between;"> <div> 941 <input checked="" type="checkbox"/> CT-1 <input type="checkbox"/> </div> <div> Military <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> </div> <div> 943 <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> </div> <div> 944 <input type="checkbox"/> </div> </div>	Kind of Employer (Check one)	<div style="display: flex; justify-content: space-between;"> <div> None apply <input checked="" type="checkbox"/> State/local non-501c <input type="checkbox"/> </div> <div> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> </div> <div> Federal govt. <input type="checkbox"/> </div> </div>		Third-party sick pay (Check if applicable) <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 \$		
		11 Nonqualified plans \$	12a Deferred compensation \$ 19111.12		
h Other EIN used this year		13 For third-party sick pay use only	12b		
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