

33333		Control number		For Official Use Only OMB No. 1545-0008															
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1		Military <input type="checkbox"/> Hehd. emp.		943 <input type="checkbox"/> Medicare govt. emp.		944 <input type="checkbox"/>		Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/> State/local non-501c		501c non-govt. <input type="checkbox"/> State/local 501c		Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable)	
		941 <input type="checkbox"/> CT-1		Military <input type="checkbox"/> Hehd. emp.		943 <input type="checkbox"/> Medicare govt. emp.		944 <input type="checkbox"/>				None apply <input type="checkbox"/> State/local non-501c		501c non-govt. <input type="checkbox"/> State/local 501c		Federal govt. <input type="checkbox"/>			
c Total number of Forms W-2 4				d Establishment number				1 Wages, tips, other compensation \$ 140839.04				2 Federal income tax withheld \$ 11639.99							
e Employer identification number (EIN) 13-2804148								3 Social security wages \$ 180131.12				4 Social security tax withheld \$ 11167.86							
f Employer's name VERATEX INC. ----- 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001								5 Medicare wages and tips \$ 180131.12				6 Medicare tax withheld \$ 2611.83							
								7 Social security tips \$				8 Allocated tips \$							
								9				10 Dependent care benefits \$							
								11 Nonqualified plans \$				12a Deferred compensation \$ 39292.08							
g Employer's address and ZIP code								13 For third-party sick pay use only				12b							
h Other EIN used this year								14 Income tax withheld by payer of third-party sick pay \$											
15 State NY				Employer's state ID number				18 Local wages, tips, etc. \$ 44048.76				19 Local income tax \$ 1220.76							
16 State wages, tips, etc. \$ 140839.04				17 State income tax \$ 5609.48															
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

2016

Department of the Treasury
Internal Revenue Service

**EMPLOYER COPY ONLY
DO NOT FILE THIS COPY WITH THE SSA**

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 44048.76		2 Federal income tax withheld 2230.68
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 60340.80		4 Social security tax withheld 3741.12
			5 Medicare wages and tips 60340.80		6 Medicare tax withheld 874.92
			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 61-54 82ND STREET MIDDLE VILLAGE NY 11379			11 Nonqualified plans		12a See instructions for box 12 D 16292.04
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 3466.56
			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. 44048.76	17 State income tax 1902.84	18 Local wages, tips, etc. 44048.76	19 Local income tax 1220.76	20 Locality name NY City

Form W-2 Wage and Tax Statement
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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 44250.28		2 Federal income tax withheld 3891.11
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 44250.28		4 Social security tax withheld 2743.30
			5 Medicare wages and tips 44250.28		6 Medicare tax withheld 641.67
			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 32 DIANNE COURT CLIFTON NJ 07013			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 31.20		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 44250.28	17 State income tax 1567.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
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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 7540.00		2 Federal income tax withheld
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 7540.00		4 Social security tax withheld 467.48
			5 Medicare wages and tips 7540.00		6 Medicare tax withheld 109.20
			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 2076.88
			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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
NY		7540.00			
					20 Locality name

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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 45000.00		2 Federal income tax withheld 5518.20
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 68000.04		4 Social security tax withheld 4215.96
			5 Medicare wages and tips 68000.04		6 Medicare tax withheld 986.04
			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 D 23000.04
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1211.28
			14 Other SDI 31.20		12c
					12d
f Employee's address and ZIP code					
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
NY		45000.00	2139.24		
					20 Locality name

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