

33333		a Control number	For Official Use Only ► OMB No. 1545-0008				
<b>b</b> Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1 <input type="checkbox"/> Military <input type="checkbox"/> Held. emp. <input type="checkbox"/> 943 <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> 944 <input type="checkbox"/>	Kind of Employer (Check one)		None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>
<b>c</b> Total number of Forms W-2 4		<b>d</b> Establishment number		<b>1</b> Wages, tips, other compensation \$ 140839.04		<b>2</b> Federal income tax withheld \$ 11639.99	
<b>e</b> Employer identification number (EIN) 13-2804148				<b>3</b> Social security wages \$ 180131.12		<b>4</b> Social security tax withheld \$ 11167.86	
<b>f</b> Employer's name VERATEX INC.				<b>5</b> Medicare wages and tips \$ 180131.12		<b>6</b> Medicare tax withheld \$ 2611.83	
				<b>7</b> Social security tips \$		<b>8</b> Allocated tips \$	
				<b>9</b>		<b>10</b> Dependent care benefits \$	
				<b>11</b> Nonqualified plans \$		<b>12a</b> Deferred compensation \$ 39292.08	
<b>g</b> Employer's address and ZIP code 				<b>13</b> For third-party sick pay use only		<b>12b</b>	
<b>h</b> Other EIN used this year							
<b>15</b> State NY		Employer's state ID number		<b>14</b> Income tax withheld by payer of third-party sick pay \$			
<b>16</b> State wages, tips, etc. \$ 140839.04		<b>17</b> State income tax \$ 5609.48		<b>18</b> Local wages, tips, etc. \$ 44048.76		<b>19</b> Local income tax \$ 1220.76	
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"/>	Employee's social security number <b>056-66-5410</b>	OMB No. 1545-0008					
<b>b</b> Employer identification number (EIN) <b>13-2804148</b>		<b>1</b> Wages, tips, other compensation <b>44048.76</b>	<b>2</b> Federal income tax withheld <b>2230.68</b>				
<b>c</b> Employer's name, address, and ZIP code <b>VERATEX INC.</b> <b>254 FIFTH AVENUE 3RD FLOOR</b> <b>NEW YORK NY 10001</b>		<b>3</b> Social security wages <b>60340.80</b>	<b>4</b> Social security tax withheld <b>3741.12</b>				
		<b>5</b> Medicare wages and tips <b>60340.80</b>	<b>6</b> Medicare tax withheld <b>874.92</b>				
		<b>7</b> Social security tips	<b>8</b> Allocated tips				
<b>d</b> Control number		<b>9</b>	<b>10</b> Dependent care benefits				
<b>e</b> Employee's first name and initial <b>WEI CHANG</b> <b>61-54 82ND STREET</b> <b>MIDDLE VILLAGE NY 11379</b>		<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 <b>D</b> <b>16292.04</b>				
		<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Retirement plan <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>12b</b> <b>DD</b> <b>3466.56</b>			
		<b>15</b> Sick pay <input type="checkbox"/>	<b>16</b> Third-party <input type="checkbox"/>	<b>12c</b> <input type="checkbox"/>			
		<b>17</b> Payroll <input type="checkbox"/>	<b>18</b> Sick pay <input type="checkbox"/>	<b>12d</b> <input type="checkbox"/>			
		<b>19</b> Dependent care benefits	<b>20</b> Locality name <b>NY City</b>				
<b>f</b> Employee's address and ZIP code		<b>15</b> State Employer's state ID number <b>NY</b>	<b>16</b> State wages, tips, etc. <b>44048.76</b>	<b>17</b> State income tax <b>1902.84</b>	<b>18</b> Local wages, tips, etc. <b>44048.76</b>	<b>19</b> Local income tax <b>1220.76</b>	<b>20</b> Locality name <b>NY City</b>

**W-2** Wage and Tax  
Statement  
Form **D** For Employer  
DXA

**2016**

Department of the Treasury - Internal Revenue Service  
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Act Notice, see separate Instructions.

Void <input type="checkbox"/>	Employee's social security number <b>148-70-5969</b>	OMB No. 1545-0008					
<b>b</b> Employer identification number (EIN) <b>13-2804148</b>		<b>1</b> Wages, tips, other compensation <b>44250.28</b>	<b>2</b> Federal income tax withheld <b>3891.11</b>				
<b>c</b> Employer's name, address, and ZIP code <b>VERATEX INC.</b> <b>254 FIFTH AVENUE 3RD FLOOR</b> <b>NEW YORK NY 10001</b>		<b>3</b> Social security wages <b>44250.28</b>	<b>4</b> Social security tax withheld <b>2743.30</b>				
		<b>5</b> Medicare wages and tips <b>44250.28</b>	<b>6</b> Medicare tax withheld <b>641.67</b>				
		<b>7</b> Social security tips	<b>8</b> Allocated tips				
		<b>9</b>	<b>10</b> Dependent care benefits				
		<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 <input type="checkbox"/>				
<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Retirement plan <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>12b</b> <input type="checkbox"/>					
<b>15</b> Sick pay <input type="checkbox"/>	<b>16</b> Third-party <input type="checkbox"/>	<b>12c</b> <input type="checkbox"/>					
<b>17</b> Payroll <input type="checkbox"/>	<b>18</b> Sick pay <input type="checkbox"/>	<b>12d</b> <input type="checkbox"/>					
<b>19</b> Dependent care benefits	<b>20</b> Locality name						
<b>f</b> Employee's address and ZIP code		<b>15</b> State Employer's state ID number <b>NY</b>	<b>16</b> State wages, tips, etc. <b>44250.28</b>	<b>17</b> State income tax <b>1567.40</b>	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

**W-2** Wage and Tax  
Statement  
Form **D** For Employer  
DXA

**2016**

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Void <input type="checkbox"/>	a Employee's social security number <b>149-46-3469</b>	OMB No. 1545-0008				
<b>b Employer identification number (EIN)</b> <b>13-2804148</b>		1 Wages, tips, other compensation <b>7540.00</b>		2 Federal income tax withheld <b>7540.00</b>		
<b>c Employer's name, address, and ZIP code</b> <b>VERATEX INC.</b>  <b>254 FIFTH AVENUE 3RD FLOOR</b> <b>NEW YORK NY 10001</b>		3 Social security wages <b>7540.00</b>		4 Social security tax withheld <b>467.48</b>		
		5 Medicare wages and tips <b>7540.00</b>		6 Medicare tax withheld <b>109.20</b>		
		7 Social security tips		8 Allocated tips		
<b>d Control number</b>		9		10 Dependent care benefits		
<b>e Employee's first name and initial</b> <b>CAROLYN J. SIMON</b>  <b>71 TONJES ROAD</b> <b>CALlicoon NY 12723</b>		11 Nonqualified plans		12a See instructions for box 12 <b>DD 2076.88</b>		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other <b>SDI 31.20</b>		12c		
				12d		
<b>f Employee's address and ZIP code</b>						
15 State Employer's state ID number <b>NY</b>	16 State wages, tips, etc. <b>7540.00</b>	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**W-2 Wage and Tax Statement**  
Form D For Employer

**2016**

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Void <input type="checkbox"/>	a Employee's social security number <b>106-50-1158</b>	OMB No. 1545-0008				
<b>b Employer identification number (EIN)</b> <b>13-2804148</b>		1 Wages, tips, other compensation <b>45000.00</b>		2 Federal income tax withheld <b>5518.20</b>		
<b>c Employer's name, address, and ZIP code</b> <b>VERATEX INC.</b>  <b>254 FIFTH AVENUE 3RD FLOOR</b> <b>NEW YORK NY 10001</b>		3 Social security wages <b>68000.04</b>		4 Social security tax withheld <b>4215.96</b>		
		5 Medicare wages and tips <b>68000.04</b>		6 Medicare tax withheld <b>986.04</b>		
		7 Social security tips		8 Allocated tips		
		9		10 Dependent care benefits		
<b>e Employee's first name and initial</b> <b>CLAUDE A. SIMON</b>  <b>71 TONJES ROAD</b> <b>CALlicoon NY 12723</b>		11 Nonqualified plans		12a See instructions for box 12 <b>DD 23000.04</b>		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other <b>SDI 31.20</b>		12c		
				12d		
<b>f Employee's address and ZIP code</b>						
15 State Employer's state ID number <b>NY</b>	16 State wages, tips, etc. <b>45000.00</b>	17 State income tax <b>2139.24</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**W-2 Wage and Tax Statement**  
Form D For Employer

**2016**

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