

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"/> CT-1 <input type="checkbox"/> Hshld. 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 checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>
c Total number of Forms W-2 4		d Establishment number		1 Wages, tips, other compensation \$ 146159.41	
e Employer identification number (EIN) 13-2804148		2 Federal income tax withheld \$ 12562.80			
f Employer's name VERATEX INC.		3 Social security wages \$ 187631.11			
g Employer's address and ZIP code 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		5 Medicare wages and tips \$ 187631.11			
h Other EIN used this year		7 Social security tips \$			
		9			
		11 Nonqualified plans \$			
		13 For third-party sick pay use only			
15 State NY		14 Income tax withheld by payer of third-party sick pay \$			
16 State wages, tips, etc. \$ 146159.41		17 State income tax \$ 6030.86			
Employer's contact person		18 Local wages, tips, etc. \$ 48340.80			
Employer's fax number		19 Local income tax \$ 1398.91			
		Employer's telephone 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 2017

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 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 7540.00		
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 109.33		
		7 Social security tips		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial CAROLYN J. SIMON 71 TONJES ROAD CALlicoon NY 12723		11 Nonqualified plans		12a See instructions for box 12 DD 2169.44		
		13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b	
		14 Other SDI 31.20		12c		
				12d		
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 7540.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2017

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 106-50-1158	OMB No. 1545-0008				
b Employer identification number (EIN) 13-2804148		1 Wages, tips, other compensation 45000.04		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 4216.00		
		5 Medicare wages and tips 68000.04		6 Medicare tax withheld 986.00		
		7 Social security tips		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial CLAUDE A. SIMON 71 TONJES ROAD CALlicoon NY 12723		11 Nonqualified plans		12a See instructions for box 12 D 23000.00		
		13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b DD 1265.00	
		14 Other SDI 31.20		12c		
				12d		
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 45000.04	17 State income tax 2139.24	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2017

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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 48340.80		2 Federal income tax withheld 2874.49		
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		3 Social security wages 65840.80		4 Social security tax withheld 4082.13		
		5 Medicare wages and tips 65840.80		6 Medicare tax withheld 954.69		
		7 Social security tips		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial WEI CHANG		Suff.	11 Nonqualified plans		12a See instructions for box 12 D 17500.00	
61-54 82ND STREET MIDDLE VILLAGE NY 11379			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b DD 3621.48
			14 Other SDI 31.20		12c 12d	
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 48340.80	17 State income tax 2196.82	18 Local wages, tips, etc. 48340.80	19 Local income tax 1398.91	20 Locality name NY City

W-2 Wage and Tax Statement

Form **D** - For Employer

DXA

2017

Department of the Treasury - Internal Revenue Service
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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 45278.57		2 Federal income tax withheld 4170.11		
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		3 Social security wages 46250.27		4 Social security tax withheld 2867.52		
		5 Medicare wages and tips 46250.27		6 Medicare tax withheld 670.63		
		7 Social security tips		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial CLAUDIO A. DALESSIO		Suff.	11 Nonqualified plans		12a See instructions for box 12 D 971.70	
32 DIANNE COURT CLIFTON NJ 07013			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b 12c 12d
			14 Other SDI 31.20			
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 45278.57	17 State income tax 1694.80	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement

Form **D** - For Employer

DXA

2017

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