

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008						
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 <input type="checkbox"/> CT-1		<input type="checkbox"/> Military <input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> 943 <input type="checkbox"/> Medicare govt. emp.	<input type="checkbox"/> 944	Kind of Employer (Check one) <input checked="" type="checkbox"/> 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.	Third-party sick pay (Check if applicable) <input type="checkbox"/>
c Total number of Forms W-2 4		d Establishment number		1 Wages, tips, other compensation \$ 146159.41		2 Federal income tax withheld \$ 12562.80				
e Employer identification number (EIN) 13-2804148				3 Social security wages \$ 187631.11		4 Social security tax withheld \$ 11633.13				
f Employer's name VERATEX INC.				5 Medicare wages and tips \$ 187631.11		6 Medicare tax withheld \$ 2720.65				
254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001				7 Social security tips \$		8 Allocated tips \$				
				9		10 Dependent care benefits \$				
				11 Nonqualified plans \$		12a Deferred compensation \$ 41471.70				
g Employer's address and ZIP code				13 For third-party sick pay use only		12b				
h Other EIN used this year										
15 State NY		Employer's state ID number		14 Income tax withheld by payer of third-party sick pay \$						
16 State wages, tips, etc. \$ 146159.41		17 State income tax \$ 6030.86		18 Local wages, tips, etc. \$ 48340.80		19 Local income tax \$ 1398.91				
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**

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
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 Last name Suff. CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723			11 Nonqualified plans		12a See instructions for box 12 DD 2169.44
			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. 7540.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax
Statement
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 Last name Suff. CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723			11 Nonqualified plans		12a See instructions for box 12 D 23000.00
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1265.00
			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. 45000.04	17 State income tax 2139.24	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax
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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 Last name Suff. WEI CHANG 61-54 82ND STREET MIDDLE VILLAGE NY 11379				11 Nonqualified plans	12a See instructions for box 12 D 17500.00
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b DD 3621.48
				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. 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

Form **W-2** Wage and Tax
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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 Last name Suff. CLAUDIO A. DALESSIO 32 DIANNE COURT CLIFTON NJ 07013				11 Nonqualified plans	12a See instructions for box 12 D 971.70
				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. 45278.57
				17 State income tax 1694.80	18 Local wages, tips, etc.
				19 Local income tax	20 Locality name

Form **W-2** Wage and Tax
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