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|--|--|--|--|---|--|---|---|--|--|--|
| 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 \$ 143646.09 | | 2 Federal income tax withheld \$ 12126.33 | | | | |
| e Employer identification number (EIN) 13-2804148 | | | | 3 Social security wages \$ 187327.63 | | 4 Social security tax withheld \$ 11614.50 | | | | |
| f Employer's name VERATEX INC. | | | | 5 Medicare wages and tips \$ 187327.63 | | 6 Medicare tax withheld \$ 2716.26 | | | | |
| g Employer's address and ZIP code 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 \$ 43681.54 | | | | |
| 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. \$ 143646.09 | | 17 State income tax \$ 6014.12 | | 18 Local wages, tips, etc. \$ 48840.80 | | 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** **2018**

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 48840.80 | | 2 Federal income tax withheld 2949.49 |
| c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001 | | | 3 Social security wages 66340.80 | | 4 Social security tax withheld 4113.12 |
| | | | 5 Medicare wages and tips 66340.80 | | 6 Medicare tax withheld 961.92 |
| | | | 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 61-54 82ND STREET MIDDLE VILLAGE NY 11379 | | | 11 Nonqualified plans | | 12a See instructions for box 12 D 17500.00 |
| | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b |
| | | | 14 Other SDI 69.24 | | 12c |
| | | | | | 12d |
| f Employee's address and ZIP code | | | | | |
| 15 State NY | Employer's state ID number | 16 State wages, tips, etc. 48840.80 | 17 State income tax 2231.06 | 18 Local wages, tips, etc. 48840.80 | 19 Local income tax 1419.66 |
| | | | | 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 42265.33 | | 2 Federal income tax withheld 3658.64 |
| c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001 | | | 3 Social security wages 45446.83 | | 4 Social security tax withheld 2817.90 |
| | | | 5 Medicare wages and tips 45446.83 | | 6 Medicare tax withheld 658.98 |
| | | | 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 32 DIANNE COURT CLIFTON NJ 07013 | | | 11 Nonqualified plans | | 12a See instructions for box 12 D 3181.50 |
| | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b |
| | | | 14 Other SDI 59.58 HC 3.17 | | 12c |
| | | | | | 12d |
| f Employee's address and ZIP code | | | | | |
| 15 State NY | Employer's state ID number | 16 State wages, tips, etc. 42265.33 | 17 State income tax 1643.82 | 18 Local wages, tips, etc. | 19 Local income tax |
| | | | | 20 Locality name | |

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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 7539.96 | | 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 7539.96 | | 4 Social security tax withheld 467.52 |
| | | | 5 Medicare wages and tips 7539.96 | | 6 Medicare tax withheld 109.32 |
| | | | 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 |
| | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b |
| | | | 14 Other SDI 35.94 | | 12c |
| | | | | | 12d |
| f Employee's address and ZIP code | | | | | |
| 15 State Employer's state ID number NY | 16 State wages, tips, etc. 7539.96 | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 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 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 23000.04 |
| | | | 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 Employer's state ID number NY | 16 State wages, tips, etc. 45000.00 | 17 State income tax 2139.24 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

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