

33333		a Control number		For Official Use Only ► OMB No. 1545-0008						
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 CT-1		<input type="checkbox"/> Military Hshld. emp.	<input type="checkbox"/> 943 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 \$ 166261.99		2 Federal income tax withheld \$ 19099.61				
e Employer identification number (EIN) 13-2804148				3 Social security wages \$ 186763.80		4 Social security tax withheld \$ 11579.36				
f Employer's name VERATEX INC.				5 Medicare wages and tips \$ 186763.80		6 Medicare tax withheld \$ 2708.07				
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 \$ 20501.81				
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. \$ 166261.99		17 State income tax \$ 7740.05		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** 2019

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 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 467.48
			5 Medicare wages and tips 7539.96		6 Medicare tax withheld 109.33
			7 Social security tips		8 Allocated tips
			9		10 Dependent care benefits
d Control number			11 Nonqualified plans		12a See instructions for box 12 DD 2487.12
e Employee's first name and initial Last name Suff. CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b
			14 Other SDI 40.68		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

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

2019

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 68000.04		2 Federal income tax withheld 11268.24
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
			9		10 Dependent care benefits
d Control number			11 Nonqualified plans		12a See instructions for box 12
e Employee's first name and initial Last name Suff. CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723			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. 68000.04	17 State income tax 3714.72	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2019

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 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 4113.13
			5 Medicare wages and tips 66340.80		6 Medicare tax withheld 961.94
			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 17500.00
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1501.00
			14 Other SDI 107.28		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY		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

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

2019

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 148-70-5969		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 41881.19		2 Federal income tax withheld 4881.88
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 44883.00		4 Social security tax withheld 2782.75
			5 Medicare wages and tips 44883.00		6 Medicare tax withheld 650.80
			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 D 3001.81
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 906.96
			14 Other SDI 87.96		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY		16 State wages, tips, etc. 41881.19	17 State income tax 1794.27	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

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

2019

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.