

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 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)		
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			
254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001				7 Social security tips \$	8 Allocated tips \$			
				9	10 Dependent care benefits \$			
g Employer's address and ZIP code				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 7539.96					
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					
d Control number			9	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 2487.12					
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b			
			14 Other SDI	12c					
			40.68	12d					
f Employee's address and ZIP code									
15 State NY	Employer's state ID number 1	16 State wages, tips, etc. 7539.96	17 State income tax 1	18 Local wages, tips, etc. 1	19 Local income tax 1	20 Locality name 1			

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

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					
d Control number			9	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 1					
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b			
			14 Other SDI	12c					
			31.20	12d					
f Employee's address and ZIP code									
15 State NY	Employer's state ID number 1	16 State wages, tips, etc. 68000.04	17 State income tax 3714.72	18 Local wages, tips, etc. 1	19 Local income tax 1	20 Locality name 1			

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

2019

Department of the Treasury - Internal Revenue Service
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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 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 WEI CHANG 61-54 82ND STREET MIDDLE VILLAGE NY 11379			Suff.	11 Nonqualified plans <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Sick pay	12a See instructions for box 12 <input type="checkbox"/> D 17500.00	
				13 Statutory employee plan <input type="checkbox"/>	12b <input checked="" type="checkbox"/> DD 1501.00	
				14 Other SDI 107.28	12c <input type="checkbox"/>	
					12d <input type="checkbox"/>	
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

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

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2019

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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 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 CLAUDIO A. DALESSIO 32 DIANNE COURT CLIFTON NJ 07013			Suff.	11 Nonqualified plans <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Sick pay	12a See instructions for box 12 <input type="checkbox"/> D 3001.81	
				13 Statutory employee plan <input type="checkbox"/>	12b <input checked="" type="checkbox"/> DD 906.96	
				14 Other SDI 87.96	12c <input type="checkbox"/>	
					12d <input type="checkbox"/>	
f Employee's address and ZIP code						
15 State NY	Employer's state ID number _____	16 State wages, tips, etc. 41881.19	17 State income tax 1794.27	18 Local wages, tips, etc. 41881.19	19 Local income tax _____	20 Locality name _____

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

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2019

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