

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 5		d Establishment number		1 Wages, tips, other compensation \$ 151450.02		2 Federal income tax withheld \$ 18216.11				
e Employer identification number (EIN) 13-2804148				3 Social security wages \$ 168950.02		4 Social security tax withheld \$ 10474.90				
f Employer's name VERATEX INC.				5 Medicare wages and tips \$ 168950.02		6 Medicare tax withheld \$ 2449.82				
254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001 g Employer's address and ZIP code				7 Social security tips \$		8 Allocated tips \$				
				9		10 Dependent care benefits \$				
				11 Nonqualified plans \$		12a Deferred compensation \$ 17500.00				
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. \$ 151450.02		17 State income tax \$ 6825.80		18 Local wages, tips, etc. \$ 50840.80		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** 2020

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 3673.37
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		10 Dependent care benefits
e Employee's first name and initial Last name Suff. WEI CHANG 8329 63RD AVE 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 2603.88
			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

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

2020

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 42069.23		2 Federal income tax withheld 5820.08
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 42069.23		4 Social security tax withheld 2608.29
			5 Medicare wages and tips 42069.23		6 Medicare tax withheld 610.05
			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 54 ELSTON STREET BLOOMFIELD NJ 07003			11 Nonqualified plans		12a See instructions for box 12 DD 947.52
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b
			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. 42069.23	17 State income tax 1808.70	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
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Void <input type="checkbox"/>		a Employee's social security number 080-56-9587		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 2000.00		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 2000.00		4 Social security tax withheld 124.00
			5 Medicare wages and tips 2000.00		6 Medicare tax withheld 29.00
			7 Social security tips		8 Allocated tips
			9		10 Dependent care benefits
d Control number					
e Employee's first name and initial THOMAS MAROS			Last name Suff.		11 Nonqualified plans
356 W 45TH STREET APT 1D NEW YORK NY 10036			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12a See instructions for box 12
			14 Other SDI 33.90		12b
					12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY		16 State wages, tips, etc. 2000.00		17 State income tax	
				18 Local wages, tips, etc. 2000.00	
				19 Local income tax	
				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 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
			9		10 Dependent care benefits
d Control number					
e Employee's first name and initial CAROLYN J. SIMON			Last name Suff.		11 Nonqualified plans
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"/>		12a See instructions for box 12 DD 2705.76
			14 Other SDI 40.68		12b
					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
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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 51000.03		2 Federal income tax withheld 8722.66	
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		3 Social security wages 51000.03		4 Social security tax withheld 3161.97	
		5 Medicare wages and tips 51000.03		6 Medicare tax withheld 739.53	
		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. CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723		11 Nonqualified plans		12a See instructions for box 12 DD 1235.25	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other SDI 23.40		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 51000.03	17 State income tax 2786.04	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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