

33333	a Control number	For Official Use Only ► OMB No. 1545-0008									
b Kind of Payer (Check one)		941 CT-1 [X]	Military Hshd. emp. []	943 Medicare govt. emp. []	944 []	Kind of Employer (Check one)		None apply State/local non-501c [X] []	501c non-govt. State/local 501c []	Federal govt. []	Third-party sick pay (Check if applicable) []
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					
g Employer's address and ZIP code		254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		7 Social security tips \$		8 Allocated tips \$					
h Other EIN used this year				9 [Redacted]		10 Dependent care benefits \$					
16 State		Employer's state ID number NY		11 Nonqualified plans \$		12a Deferred compensation \$ 17500.00					
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 WEI CHANG 8329 63RD AVE 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		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

W-2 Wage and Tax
Statement
Form 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 CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003			11 Nonqualified plans		12a See instructions for box 12 DD 947.52	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay		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. 42069.23	19 Local income tax 1808.70	20 Locality name NY City

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				
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		2 Federal income tax withheld 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				
d Control number		9 				
e Employee's first name and initial THOMAS MAROS		Suff.				
Last name 356 W 45TH STREET APT 1D NEW YORK NY 10036		11 Nonqualified plans 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> 14 Other SDI 33.90				
f Employee's address and ZIP code		12a See instructions for box 12 12b 12c 12d				
15 State NY	Employer's state ID number 	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 Statement
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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				
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		2 Federal income tax withheld 467.52				
		3 Social security wages 7539.96				
		5 Medicare wages and tips 7539.96				
		7 Social security tips				
d Control number 9		8 Allocated tips 10 Dependent care benefits				
e Employee's first name and initial CAROLYN J. SIMON		11 Nonqualified plans 12a See instructions for box 12 12b 12c 12d				
Last name 71 TONJES ROAD CALLICOON NY 12723		Suff. 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> 14 Other SDI 40.68				
f Employee's address and ZIP code NY		15 State Employer's state ID number 16 State wages, tips, etc. 7539.96	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement
Form Copy D - For Employer
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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 CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723		Suff. 11 Nonqualified plans		12a See instructions for box 12 c s s s DD 1235.25	
		13 Statutory employee Retirement plan <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> sick pay		12b c d d	
		14 Other SDI 23.40		12c c d d	
f Employee's address and ZIP code				12d c d d	
15 State NY	Employer's state ID number	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

W-2 Wage and Tax Statement
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