

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"/> Medicare govt. emp.	<input type="checkbox"/> 943 <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 6		d Establishment number		1 Wages, tips, other compensation \$ 132593.25		2 Federal income tax withheld \$ 17652.28		
e Employer identification number (EIN) 13-2804148				3 Social security wages \$ 151862.04		4 Social security tax withheld \$ 9415.46		
f Employer's name VERATEX INC.				5 Medicare wages and tips \$ 151862.04		6 Medicare tax withheld \$ 2202.05		
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 \$ 19268.79		
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. \$ 132593.25		17 State income tax \$ 5480.86		18 Local wages, tips, etc. \$ 51440.80		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** **2021**

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 080-56-9587		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 2600.00		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 2600.00		4 Social security tax withheld 161.20
			5 Medicare wages and tips 2600.00		6 Medicare tax withheld 37.70
			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. THOMAS MAROS 356 W 45TH STREET APT 1D NEW YORK NY 10036			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b
			14 Other SDI 44.25		12c
					12d
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
NY		2600.00		2600.00	20 Locality name NY City

W-2 Wage and Tax
Form **2021**
Statement
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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 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		10 Dependent care benefits
e Employee's first name and initial Last name Suff. CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723			11 Nonqualified plans		12a See instructions for box 12 DD 2784.96
			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	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
NY		7539.96			20 Locality name

W-2 Wage and Tax
Form **2021**
Statement
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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 50000.04		2 Federal income tax withheld 9283.55
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 50000.04		4 Social security tax withheld 3099.97
			5 Medicare wages and tips 50000.04		6 Medicare tax withheld 725.04
			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 976.62
			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. 50000.04	17 State income tax 2481.72	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 098-76-4201		OMB No. 1545-0008	
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 112.05		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 112.05		4 Social security tax withheld 6.95
			5 Medicare wages and tips 112.05		6 Medicare tax withheld 1.62
			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. AUSTEN VERNON 336 EAST 56TH STREET APT 3 NEW YORK NY 10022			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b
			14 Other SDI 3.48		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY	16 State wages, tips, etc. 112.05	17 State income tax	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 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 5121.13
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
			9		10 Dependent care benefits
d Control number			11 Nonqualified plans		12a See instructions for box 12 D 17500.00
e Employee's first name and initial Last name Suff. WEI CHANG 8329 63RD AVE MIDDLE VILLAGE NY 11379			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 4650.36
			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
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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 23500.40		2 Federal income tax withheld 3247.60
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001			3 Social security wages 25269.19		4 Social security tax withheld 1566.70
			5 Medicare wages and tips 25269.19		6 Medicare tax withheld 366.45
			7 Social security tips		8 Allocated tips
			9		10 Dependent care benefits
d Control number			11 Nonqualified plans		12a See instructions for box 12 D 1768.79
e Employee's first name and initial Last name Suff. CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1257.76
			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. 23500.40
			17 State income tax 768.08		18 Local wages, tips, etc.
			19 Local income tax		20 Locality name

Form **W-2** Wage and Tax
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