

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"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/>	501c non-govt. <input type="checkbox"/>	State/focal non-501c <input type="checkbox"/>	State/focal 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
		CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <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 \$						
h Other EIN used this year				9			10 Dependent care benefits \$						
15 State NY		Employer's state ID number		14 Income tax withheld by payer of third-party sick pay \$			12a Deferred compensation \$ 19268.79						
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"/>	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
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001		2 Federal income tax withheld 161.20
		3 Social security wages 2600.00
		4 Social security tax withheld 37.70
		5 Medicare wages and tips 2600.00
d Control number 9		6 Medicare tax withheld 8 Allocated tips
e Employee's first name and initial THOMAS MAROS		9 Dependent care benefits 10
Last name 356 W 45TH STREET APT 1D NEW YORK NY 10036		11 Nonqualified plans 12a See instructions for box 12 12b 12c 12d
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>
		14 Other SDI 44.25
f Employee's address and ZIP code		15 State Employer's state ID number NY
16 State wages, tips, etc. 2600.00		17 State income tax
		18 Local wages, tips, etc. 2600.00
		19 Local income tax
		20 Locality name NY City

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

100

2021

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

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

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2021

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 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 CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723			11 Nonqualified plans		12a See instructions for box 12 C DD 976.62		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <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		

W-2 Wage and Tax Statement
Form Copy D - For Employer
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2021

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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 AUSTEN VERNON 336 EAST 56TH STREET APT 3 NEW YORK NY 10022			11 Nonqualified plans		12a See instructions for box 12 C DD		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <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		

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	
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 <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	

W-2 Wage and Tax Statement
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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	
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 D 1768.79	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <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	

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