

33333	a Control number	For Official Use Only ► OMB No. 1545-0008							
b Kind of Payer (Check one)	941 CT-1	Military Hshd. emp.	943 Medicare govt. emp.	944	Kind of Employer (Check one)	None apply State/local non-501c	501c non-govt. State/local 501c	Federal govt.	Third-party sick pay (Check if applicable)
c Total number of Forms W-2	6	d Establishment number			1 Wages, tips, other compensation \$ 101730.82	2 Federal income tax withheld \$ 10676.74			
e Employer identification number (EIN)	13-2804148			3 Social security wages \$ 120841.94	4 Social security tax withheld \$ 7492.18				
f Employer's name	VERATEX INC.			5 Medicare wages and tips \$ 120841.94	6 Medicare tax withheld \$ 1752.21				
534 W 42ND STREET # 8 NEW YORK NY 10036				7 Social security tips \$	8 Allocated tips \$				
g Employer's address and ZIP code				9	10 Dependent care benefits \$				
h Other EIN used this year				11 Nonqualified plans \$	12a Deferred compensation \$ 19111.12				
				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. \$ 101730.82	17 State income tax \$ 3502.32			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 2022

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 5121.13		
c Employer's name, address, and ZIP code VERATEX INC.  534 W 42ND STREET # 8 NEW YORK NY 10036		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		Suff.	11 Nonqualified plans	12a See instructions for box 12 C S D 17500.00		
			13 Statutory Employee plan	Retirement plan	Third-party sick pay	12b C S DD 4902.48
			14 Other SDI	107.28		12c C S 12d C S
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**

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**2022**

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 21405.42		2 Federal income tax withheld 2933.35		
c Employer's name, address, and ZIP code VERATEX INC.  534 W 42ND STREET # 8 NEW YORK NY 10036		3 Social security wages 23016.54		4 Social security tax withheld 1427.02		
		5 Medicare wages and tips 23016.54		6 Medicare tax withheld 333.78		
		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		Suff.	11 Nonqualified plans	12a See instructions for box 12 C S D 1611.12		
			13 Statutory Employee plan	Retirement plan	Third-party sick pay	12b C S DD 1785.12
			14 Other SDI	156.84		12c C S 12d C S
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 21405.42	17 State income tax 656.84	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

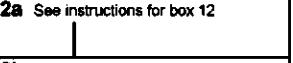
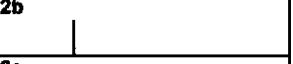
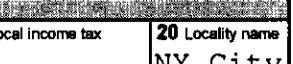
**W-2 Wage and Tax Statement**

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Void <input type="checkbox"/>	a Employee's social security number 080-56-9587	OMB No. 1545-0008				
<b>b</b> Employer identification number (EIN) 13-2804148			<b>1</b> Wages, tips, other compensation 2600.00		<b>2</b> Federal income tax withheld 161.20	
<b>c</b> Employer's name, address, and ZIP code VERATEX INC.  534 W 42ND STREET # 8 NEW YORK NY 10036			<b>3</b> Social security wages 2600.00		<b>4</b> Social security tax withheld 161.20	
			<b>5</b> Medicare wages and tips 2600.00		<b>6</b> Medicare tax withheld 37.70	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number			<b>9</b> 		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial THOMAS MAROS  356 W 45TH STREET APT 1D NEW YORK NY 10036			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 	
			<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>12b</b> 	
			<b>14</b> Other SDI 45.24		<b>12c</b> 	
			<b>15</b> 		<b>12d</b> 	
<b>f</b> Employee's address and ZIP code			<b>16</b> State wages, tips, etc. 2600.00		<b>17</b> State income tax 2600.00	
<b>18</b> Local wages, tips, etc. 2600.00		<b>19</b> Local income tax		<b>20</b> Locality name NY City		

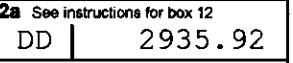
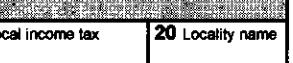
**W-2 Wage and Tax Statement**

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Void <input type="checkbox"/>	a Employee's social security number 149-46-3469	OMB No. 1545-0008				
<b>b</b> Employer identification number (EIN) 13-2804148			<b>1</b> Wages, tips, other compensation 7539.96		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code VERATEX INC.  534 W 42ND STREET # 8 NEW YORK NY 10036			<b>3</b> Social security wages 7539.96		<b>4</b> Social security tax withheld 467.48	
			<b>5</b> Medicare wages and tips 7539.96		<b>6</b> Medicare tax withheld 109.33	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number			<b>9</b> 		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial CAROLYN J. SIMON  71 TONJES ROAD CALLICOON NY 12723			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 	
			<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>12b</b> 	
			<b>14</b> Other SDI 104.04		<b>12c</b> 	
			<b>15</b> 		<b>12d</b> 	
<b>f</b> Employee's address and ZIP code			<b>16</b> State wages, tips, etc. 7539.96		<b>17</b> State income tax 7539.96	
<b>18</b> Local wages, tips, etc. 7539.96		<b>19</b> Local income tax		<b>20</b> Locality name		

**W-2 Wage and Tax 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 20000.04		2 Federal income tax withheld 2622.26	
c Employer's name, address, and ZIP code VERATEX INC.  534 W 42ND STREET # 8 NEW YORK NY 10036			3 Social security wages 20000.04		4 Social security tax withheld 1239.96	
			5 Medicare wages and tips 20000.04		6 Medicare tax withheld 290.04	
			7 Social security tips		8 Allocated tips	
			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 DD 143.04	
			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. 20000.04	17 State income tax 614.42	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 098-76-4201		OMB No. 1545-0008			
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 1344.60		2 Federal income tax withheld	
c Employer's name, address, and ZIP code VERATEX INC.  534 W 42ND STREET # 8 NEW YORK NY 10036			3 Social security wages 1344.60		4 Social security tax withheld 83.40	
			5 Medicare wages and tips 1344.60		6 Medicare tax withheld 19.44	
			7 Social security tips		8 Allocated tips	
			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	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
			14 Other SDI 41.76		12c	
			12d			
			f Employee's address and ZIP code			
15 State Employer's state ID number NY	16 State wages, tips, etc. 1344.60	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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