

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008															
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 CT-1		<input type="checkbox"/> Military Hshld. emp.		<input type="checkbox"/> 943 Medicare govt. emp.		<input type="checkbox"/> 944		Kind of Employer (Check one)		<input checked="" type="checkbox"/> None apply State/local non-501c		<input type="checkbox"/> 501c non-govt. State/local 501c		<input type="checkbox"/> 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 \$							
								9				10 Dependent care benefits \$							
								11 Nonqualified plans \$				12a Deferred compensation \$ 19111.12							
g Employer's address and ZIP code								13 For third-party sick pay use only				12b							
h Other EIN used this year								14 Income tax withheld by payer of third-party sick pay \$											
15 State NY		Employer's state ID number						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
			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 4902.48
			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**  
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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
			9		10 Dependent care benefits
d Control number			11 Nonqualified plans		12a See instructions for box 12 D 1611.12
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 1785.12
			14 Other SDI 156.84		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number NY	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

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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 2600.00		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 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 45.24		12c
					12d
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

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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.  534 W 42ND STREET # 8 NEW YORK NY 10036			3 Social security wages 7539.96		4 Social security tax withheld 467.48
			5 Medicare wages and tips 7539.96		6 Medicare tax withheld 109.33
			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 2935.92
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b
			14 Other SDI 104.04		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

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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
d Control number			11 Nonqualified plans		12a See instructions for box 12 DD 143.04
e Employee's first name and initial Last name Suff. CLAUDE A. SIMON  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"/>		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

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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
d Control number			11 Nonqualified plans		12a See instructions for box 12
e Employee's first name and initial Last name Suff. AUSTEN VERNON  336 EAST 56TH STREET APT 3 NEW YORK NY 10022			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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