

Void <input type="checkbox"/>		<b>a</b> Employee's social security number 149-46-3469		OMB No. 1545-0029					
<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 69.23				
<b>c</b> Employer's name, address, and ZIP code VERATEX INC.  PO BOX 682 NEW YORK NY 10108			<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			Last name		Suff.		<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	
			<b>13</b> Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		<b>12b</b>
			<b>14</b> Other SDI		102.83		<b>12c</b>		
							<b>12d</b>		
<b>f</b> Employee's address and ZIP code									
<b>15</b> State Employer's state ID number NY		<b>16</b> State wages, tips, etc. 7539.96		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	<b>20</b> Locality name

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

**2025**

Department of the Treasury - Internal Revenue Service  
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