

Void <input type="checkbox"/>		a Employee's social security number 080-56-9587		OMB No. 1545-0029					
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 2400.00		2 Federal income tax withheld 22.11				
c Employer's name, address, and ZIP code VERATEX INC. PO BOX 682 NEW YORK NY 10108			3 Social security wages 2400.00		4 Social security tax withheld 148.80				
			5 Medicare wages and tips 2400.00		6 Medicare tax withheld 34.80				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial THOMAS MAROS 356 W 45TH STREET APT 1D NEW YORK NY 10036			Last name		Suff.		11 Nonqualified plans	12a See instructions for box 12	
			13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		12b
			14 Other SDI 41.84						12c
									12d
f Employee's address and ZIP code									
15 State Employer's state ID number NY		16 State wages, tips, etc. 2400.00		17 State income tax		18 Local wages, tips, etc. 2400.00		19 Local income tax	20 Locality name NY City

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

2025

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