

Void <input type="checkbox"/>		a Employee's social security number 148-70-5969		OMB No. 1545-0029						
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 32052.50		2 Federal income tax withheld 4678.25					
c Employer's name, address, and ZIP code VERATEX INC. PO BOX 682 NEW YORK NY 10108			3 Social security wages 32052.50		4 Social security tax withheld 1987.26					
			5 Medicare wages and tips 32052.50		6 Medicare tax withheld 464.76					
			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. CLAUDIO A. DALESSIO 54 ELSTON STREET BLOOMFIELD NJ 07003			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 180.17		12c					
f Employee's address and ZIP code					12d					
15 State Employer's state ID number NY		16 State wages, tips, etc. 32052.50		17 State income tax 1233.06		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form 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. 1545-0029						
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 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 41.84		12c					
f Employee's address and ZIP code					12d					
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

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Void <input type="checkbox"/>		a Employee's social security number 149-46-3469		OMB No. 1545-0029				
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 7539.96		2 Federal income tax withheld 69.23			
c Employer's name, address, and ZIP code VERATEX INC. PO BOX 682 NEW YORK NY 10108			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			
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b			
			14 Other SDI 102.83		12c			
f Employee's address and ZIP code					12d			
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. 1545-0029				
b Employer identification number (EIN) 13-2804148			1 Wages, tips, other compensation 6600.01		2 Federal income tax withheld 607.61			
c Employer's name, address, and ZIP code VERATEX INC. PO BOX 682 NEW YORK NY 10108			3 Social security wages 6600.01		4 Social security tax withheld 409.20			
			5 Medicare wages and tips 6600.01		6 Medicare tax withheld 95.70			
			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. CLAUDE A. SIMON 71 TONJES ROAD CALLICOON NY 12723			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 42.30		12c			
f Employee's address and ZIP code					12d			
15 State Employer's state ID number NY		16 State wages, tips, etc. 6600.01		17 State income tax 100.32		18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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